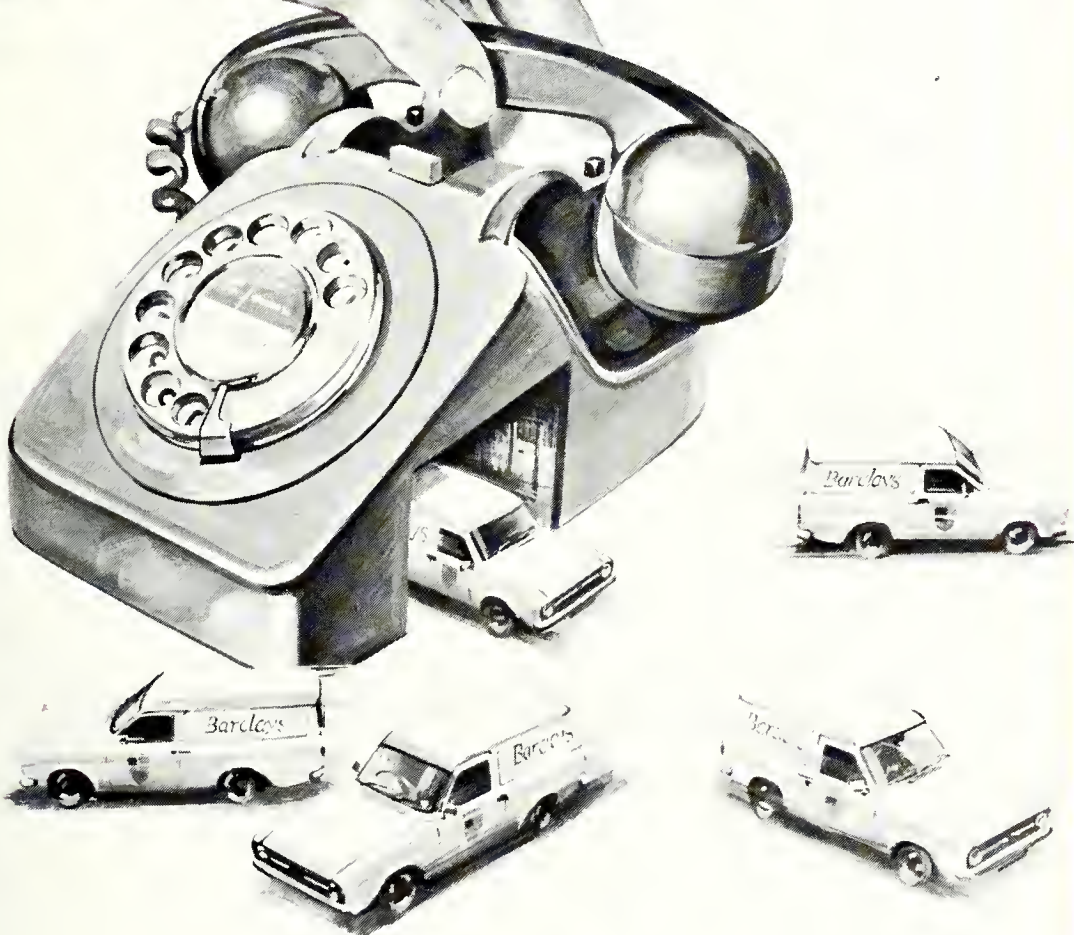


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**Roland Moyle
unmoved by
three-hour
debate on
pharmacy**

**Unichem state
policy on RPM**

**Doctors accept
the Clothier
proposals**

**What patients
need to know
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CHEMIST & DRUGGIST

Incorporating Retail Chemist

July 8 1978

Vol 210 No 5125

119th year of publication

ISSN 0009-3033

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CONTENTS

- 51 Comment—A worthy debate
- 52 PSNC again sets out the points for arbitration
- 53 Three-hour Commons debate on pharmacy
- 54 Unichem clarify their policy on RPM
- 56 Doctors approve Clothier report
- 57 The Xrayser column—Down to tic-tac-tics
- 57 People; deaths
- 58 Helping patients understand their drug treatment
- 60 Counterpoints
- 62 Prescription specialities
- 62 On TV next week
- 76 Sangers reduced profits due to changing pattern
- 77 Westminster report
- 78 Medicines “presentation” important
- 78 Letters
- 79 Market news; Coming events
- 80 Classified advertisements

Published Saturdays by Benn Publications Ltd
25 New Street Square, London EC4A 3JA. Tel: 01-353 3212

Editorial and Advertisement Offices
25 New Street Square, London EC4A 3JA. Tel: 01-353 3212
Telex 27844

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Subscription Department

125 High Street, Colliers Wood, London SW19 2JN.
Tel: 01-542 8575

Subscription

Home £25 per annum. Overseas £30 per annum.
60p per copy (postage extra)

Benn & Co



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8 July 1978

COMMENT

A worthy debate

Mr Roland Moyle, Minister of State for Health, looked relaxed on the Government front bench last week as for two hours and forty minutes he listened with patience but apparent condescension to some 16 MPs asking him to permit arbitration on the chemists' remuneration claim. Only once did he stir—to point out that chemists are not “employed” by the Government, an intervention that did not seem to impress the House!

When his own turn came, Mr Moyle set about showing that the Hon. Members were misinformed—in fact, Mr Patrick Jenkin was told that if he “bases his approach to the problem on that sort of misinformation, it is no wonder that he is misleading the House”. But it could be argued that it was Mr Moyle himself who was—albeit innocently—misleading the House when he based his rejection of arbitration on the absence of clarification of the arguments from PSNC (the Committee claims to have delivered that clarification to the Department forty eight hours before the debate.)

But surely Mr Moyle has missed the whole point of the debate, and he did Members on both sides the House less than justice when he accused them of being ill-informed. The Minister has so many trees before his eyes—a debating point here, a percentage point there—that he fails to see the wood that was so plainly apparent to the debate's contributors. They see pharmacy closures, they hear complaints about lack of service from their constituents and, whether they blame the Government for the situation or not, they expect the Government in office to do something about it.

But the backbenchers went beyond a view of the wood. The standard of contribution to the debate showed clearly that they had studied the papers showered on them by both the profession and the Secretary of State over the past months—and on both sides of the House they had come to the conclusion that the Department is wrong not to concede arbitration.

Labour members were perhaps justified in regretting that a party-political element had crept into the proceedings, because a count shows that six contributions came from their own benches (all of them in favour of the chemists' case) against nine Conservative and one Liberal. But in defence of the Conservatives—who must be thanked for using a half of one of their few remaining “supply days” for the debate—who but the Government could be attacked on the questions of arbitration and remuneration? (In this context, it may be worth noting that USDAW and ASTMS officers who spoke in the debate seemed no better able to persuade the Minister than does PSNC, despite the unions' claims!)

Perhaps it was hoping for too much to expect to hear a positive response to the debate from Mr Moyle, particularly as the Secretary of State, Mr Ennals, was unfortunately in hospital (we hope he reads and re-reads Hansard while recuperating). But now Mr Moyle has the benefit of the PSNC restatement of the arguments and this could provide a face-saving opportunity for a change of heart—if it does, the delay in the document reaching him will prove fortuitous.

Our final comment *must* be directed to all those retail pharmacists and their staffs who worked so hard to collect a million petition signatures—and, of course, to all members of the profession who personally contacted their MPs. The debate was their immediate reward, and arbitration may yet be their prize. Surely there can no longer be any pharmacist doubting the value of publicity and public relations.

PSNC again sets out the points for arbitration

The Pharmaceutical Services Negotiating Committee has refuted the allegations made by Mr Roland Moyle, Minister for Health, winding up a debate last week on pharmacists' problems (see opposite), that various points had not been answered by the PSNC.

The Secretary of State, Mr David Ennals, had been fully aware of PSNC's views for some time. Because of his insistence that there were points outstanding, PSNC says its views were re-iterated in a letter delivered by hand to the Secretary of State on June 28, well before the debate the following afternoon. The letter reads:

"In your letter of March 21 you accepted that the profit claim is distinct from the question of distribution of remuneration and the Committee is still unable to reconcile this statement with your contention that the effect of the differential oncost system must be judged before having recourse to arbitration. The Committee is further unable to accept your criterion for the determination of the profit margin, viz that it is sufficient together with other remuneration to sustain an adequate spread of NHS dispensing services for patients. The Committee believes that chemist contractors are entitled to receive a fair reward for the services provided to the NHS and not a reward dictated solely by the rate of pharmacy closures."

Main points rejected

In his letter of May 16, Mr Ennals had asked for reasons why PSNC had rejected his arguments on four main points (C&D, May 27). The arguments were:

1. *That the Review Board formula is not directly relevant to chemists' remuneration. PSNC replies:*

Very similar points were raised in the Department's letter of July 27, 1976, where it was stated that "the Department does not agree that the recommendations of the Board should actually be applied direct to the remuneration of chemist contractors". In a subsequent paragraph, however, the Department acknowledged that "the Review Board is of course making recommendations on a similar subject in a setting broadly similar to that in which conclusions are reached in negotiations between the Committee and the Department. To this extent, the principles on which the Board operates are a guide".

The Committee does not regard this approach as inconsistent with its response contained in its letter of September 1, 1976, that "the Committee believes that

the criteria used by the Review Board in the pricing of Government contracts are met in the field of NHS remuneration and therefore the principles on which the Board operates may be used as a guide". As previously stated, the Committee continues to dissent from the proposition that the method of valuing capital employed justifies the continuation of the payment of an unrealistically low profit margin. Working capital accounts for more than 80 per cent of capital employed and the basis of valuation of working capital is no different from that used in the preparation of historic cost based accounts.

Further, any change in the basis of valuation of fixtures and fittings would have only a minimal effect on total capital. The Committee therefore contends that in the light of these factors the real value of the profit margin of chemist contractors must have suffered substantially the same erosion as that of other contractors as a result of high rates of inflation and that consequently chemist contractors should in equity receive at least the same increase as other contractors. Thus, since 1975 the average rate of return earned by other contractors has risen from 14.3 per cent to 20.0 per cent, representing 40 per cent increase.

2. *That if the Review Board formula of 20 per cent were adjusted to take account of continuous revaluation of capital employed, the return would be well below the 16 per cent payable to contractors. PSNC replies:*

As it has been contended above that capital employed is not valued at current rates, the Committee does not see the relevance of the point you make.

3. *That Coopers and Lybrand were working on erroneous assumptions in formulating the 26 per cent claim.*

This question alleges that as payments in respect of freehold property, rent and depreciation are made elsewhere in the NHS remuneration system, they cannot be used in support of the claim for an increased profit margin. Coopers and Lybrand deny that they were working on erroneous assumptions in formulating the claim. The point made by the Coopers and Lybrand report is that the existing basis of reimbursement provides an inadequate return on investment in property and is insufficient to provide for the replacement of fixed assets. Coopers and Lybrand included in the claim their estimate of the shortfall between the present historic basis of remuneration and what would in their view provide a

proper return on investment property.

4. *That if public funds were to be provided for the purpose of investment, the Government would need to give serious consideration to controls on how and where those funds were deployed.*

This question refers to the provision of public funds as the source of investment in private NHS businesses and suggests that the present contractual relationship between the Government and retail pharmacists would have to be reconsidered. It must be stressed that the Committee is seeking neither Government assistance in the provision of working capital nor any form of direct investment by the Government of public money in private retail businesses. The Committee is simply seeking a profit margin equivalent to approximately 6 per cent on turnover which is comparable with that obtained elsewhere in the retail sector, an analogy to which the Department has referred in correspondence. One effect of the payment of this reasonable profit margin would be to provide chemist contractors with an improved cash flow to fund the NHS dispensing operation and in particular to contribute to the working capital requirement arising from the NHS drugs stockholding. The general level of profitability in other businesses provides them with a more adequate cash flow for this purpose and the Committee is interested to note that the Department is able to pay ophthalmic opticians a profit margin equivalent to 6 per cent on turnover without reference to capital employed or any allegation that such a return constitutes the provision of public funds for private retail businesses.

Stimulus to efficiency

PSNC's letter continues: "You state that you do not consider that profit expressed as a net return on turnover is appropriate to NHS dispensing. The Committee believes that in the context of the retail sector a net return on turnover is a generally accepted yardstick and has the advantage of eliminating disagreement on the valuation of capital employed. Chemist contractors have a high cost to capital employed ratio so that a profit margin which is based solely on capital produces an unduly low rate of return on cost or turnover. The Committee would draw your attention to paragraph 92 on the 1974 Review Board Report which states that profit is intended to reward factors additional to the commitment of capital and recommends that in cases such as that outlined a higher proportion of profit should be paid as a percentage on cost. The Committee does not agree with your statement that profit expressed as a percentage of turnover cannot accurately reflect a pharmacist's investment in NHS dispensing.

"In the Committee's view, such a method would be a stimulus to the more efficient use of resources and this must surely be seen as a common objective....

"In conclusion, the Committee considers that in two years of negotiation it has substantiated its claim."

Health Minister unmoved by backbench pleas

A three-hour adjournment debate on "the problems of pharmacists" took place in the House of Commons on June 29, the theme being chosen by the Opposition. But despite strong representations from both sides of the House, Mr Roland Moyle, Minister for Health, parried all attempts to press him into accepting arbitration on chemist contractors' profit margin claim.

Opening the debate from the Opposition front bench, Mr Gerard Vaughan referred to the one-million signature petition ("2 per cent of the population") presented to the House by Mr Jim Lester MP (*C&D* last week, p5). "That is a measure of the feeling in this country against the Government's mishandling of the pharmacists," he said. "That is why we have brought this situation before the House today for urgent debate."

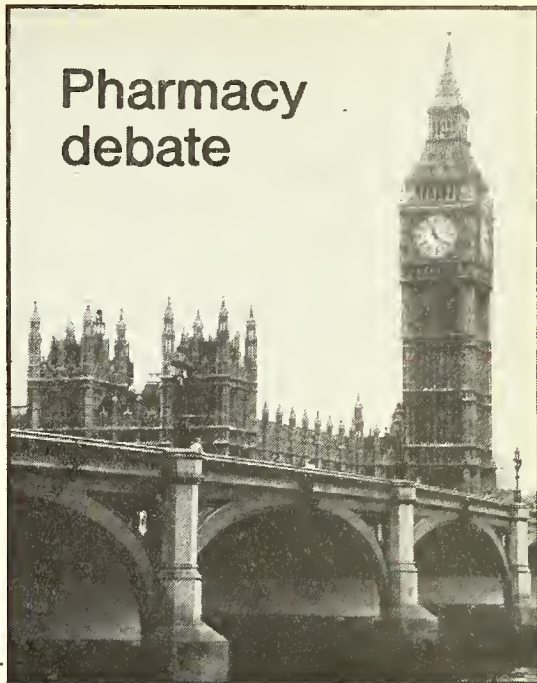
Mr Vaughan said that after two years negotiations had completely broken down and pharmacists were asking for independent arbitration, which the Government had refused. Pharmacists in Scotland could go to arbitration, but apparently it was denied in England. "Meanwhile, the smaller pharmacies round the corner are in such perilous financial circumstances that many of them are closing down."

"At present 2 per cent of pharmacies are closing down each year. Last year

one pharmacy closed down almost every working day. The rate was lower in the first three months of this year, but it is now beginning to rise again. Those figures would be even higher but for the fact that one in three pharmacists in general practice is over 60 years of age. "This is a serious situation. The pharmacist finds himself trapped. He is locked into a business, to which he has probably given a life-long service, and cannot now get out because he cannot sell it. The goodwill in the small pharmacy has virtually gone. Profits are so low that no one wants to buy the stock. Therefore, the pharmacist has no choice but to try to continue hoping that by some miracle the situation will improve. That is the disastrous situation which the Government have brought about in the last four and a half years.

"The local pharmacist is now in an impossible financial position with respect to National Health Service work. Last year inflation for drugs was running at 24.6 per cent. This year it is running at 21 per cent. Last year, for the small chemist to keep a stock of drugs available on his shelves—for most chemists that represents £6,000 worth of stock—he had to set aside an extra £1,500. This year he will have to set aside an extra £1,200. That is only to stand still, not to improve his service. That is to keep the same

Pharmacy debate



number of drugs on his shelves available to the public. Even worse, that has to come out of an average overall gross profit of only £1,600. Therefore, we can begin to see what an impossible situation the pharmacist is in.

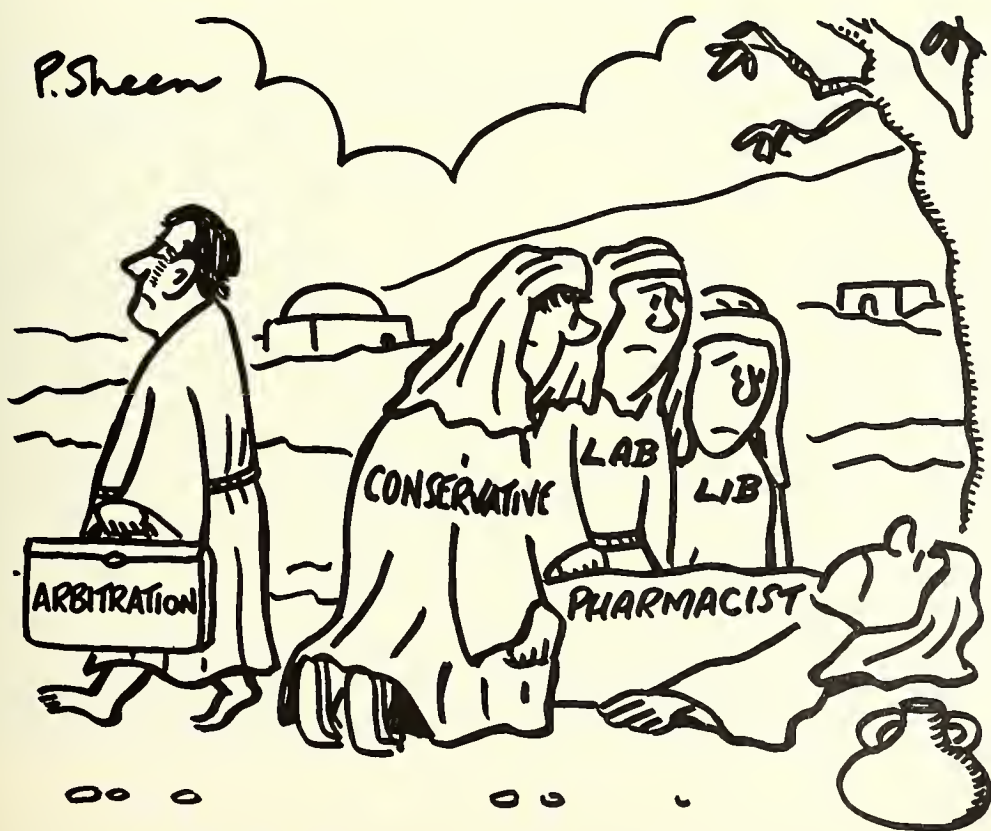
Stocks reduced

"Not surprisingly, many chemists have now reduced their stocks, so that what was, on average, 11 weeks' supply of stock has now been cut to seven weeks' supply. But this does not solve their problems, because under the present arrangement with the Government, if they reduce the amount of stock they hold, the Government reduce their payments for NHS prescribing. So the unfortunate chemist is in a vicious circle. If he does not replace his stock, if he cuts it down, he gets less money and he then has less with which to replace his stock." Mr Vaughan added that the range of drugs as well as the quantities was diminishing rapidly. Thus a recent survey had shown that one in eight of prescriptions had to be supplied on at least two visits. "This is a terrible problem for young people with children in prams, for the elderly and for people in rural areas."

Mr Vaughan concluded that pharmacists, "quite rightly in our view," feel that they are being unjustly victimised. They had asked to go to arbitration and had undertaken to abide by any decision made. "The review body formula which is applied to all other Government contracts does not apply, apparently, to the chemist. Why not?"

"The Government say that there is no case to answer, and that the chemists are reasonably paid, that if the chemists went to arbitration, there is no doubt at all that the arbitration would come down in favour of the Government. Then why do the Government not allow the chemists to go to arbitration? I suggest that the Minister's case is not as good as he says it is, and that the pharmacist is a professional and he is a small business man—and small business men professionals can get no understanding and no support whatsoever from this Government."

Debate report continued on p71



The man who passed by on the other side

Unichem clarify their policy on RPM

Unichem have issued a statement to their customers clarifying their attitude to resale price maintenance and the discounting of "ethical" products. Managing director, Mr P. J. Dodd, says that over the past few weeks members have reported offers of a scale of discounts based on one applicable to purchase of "ethicals" and OTC products from one of the major wholesalers. He continues:

"The offer of such discounts on 'ethical' products is a flagrant breach of resale price maintenance and it is the view of the board of Unichem that, if it is allowed to go unchecked, it will lead speedily to the end of RPM. It is also our view that this will prove to have serious repercussions on all levels of the pharmaceutical distribution chain, with the retailer, ultimately, suffering most severely.

"I feel that it is my duty to write to advise you of Unichem's standpoint in this matter. Firstly, we reaffirm our earnest belief that RPM must not be allowed to go and we have already made strong representations to the major 'ethical' manufacturers. It is their prerogative, and theirs alone, to act individually in taking positive steps to insist that RPM is upheld in respect of their own product range. Until such time as they have had a fair chance to take such action, Unichem is determined not to get involved in this unsavoury battle.

"Secondly, therefore, I must advise you that, if the manufacturers fail to take effective action—and only then—Unichem will, in the interests of its membership, offer to both current and future members a competitive package. As we have no lay or institutional shareholders to satisfy, we are confident that the Unichem trading terms, which would then be offered, will be significantly better than those offered by any other wholesale concern."

NPA now satisfied with HR contract

Following discussions with the National Pharmaceutical Association, Helena Rubinstein have revised their "depository contract" and the Association has now withdrawn its objections to the wording (*C&D*, June 17, p979).

The original contract sought to impose minimum annual purchase values for individual retailers for the years 1978, 1979 and 1980. For subsequent years the new minimum targets would have been based on the 1980 figure plus a percentage based on the increase in sales of all HR products in the UK. The new contract restricts these targets to the years 1978 and 1979 and provides that new minimum targets will be negotiated for future years. The new contract also indicates that these figures are targets

rather than obligatory limits, by addition of the words, "Failure by the depository to achieve the targets set out above will not itself entitle HR to terminate this contract."

Another clause now requires notification of defective or short deliveries within three days *excluding* Saturdays, Sundays or statutory holidays. The company has also agreed to give reasonable notice of changes in conditions on the order form. An NPA spokesman said that the discussions with the company were "very friendly and cordial."

Child-resistant packs now essential for OTC analgesics

From July 1 all analgesics for counter sale containing aspirin or paracetamol must be presented in child-resistant packaging unless the customer requests otherwise. Child-resistant packaging includes strip, foil and blister packs and child-resistant closures. The National Pharmaceutical Association asks pharmacists to warn their staff and preferably remove from the shop area any packs which do not comply.

Law change sought on CD storage

A change in the law on the storage of Controlled Drugs is advocated by Councillor George Burness, MPS, member of the Scottish Executive of the Pharmaceutical Society. Mr Burness, a Highland regional councillor and member of the

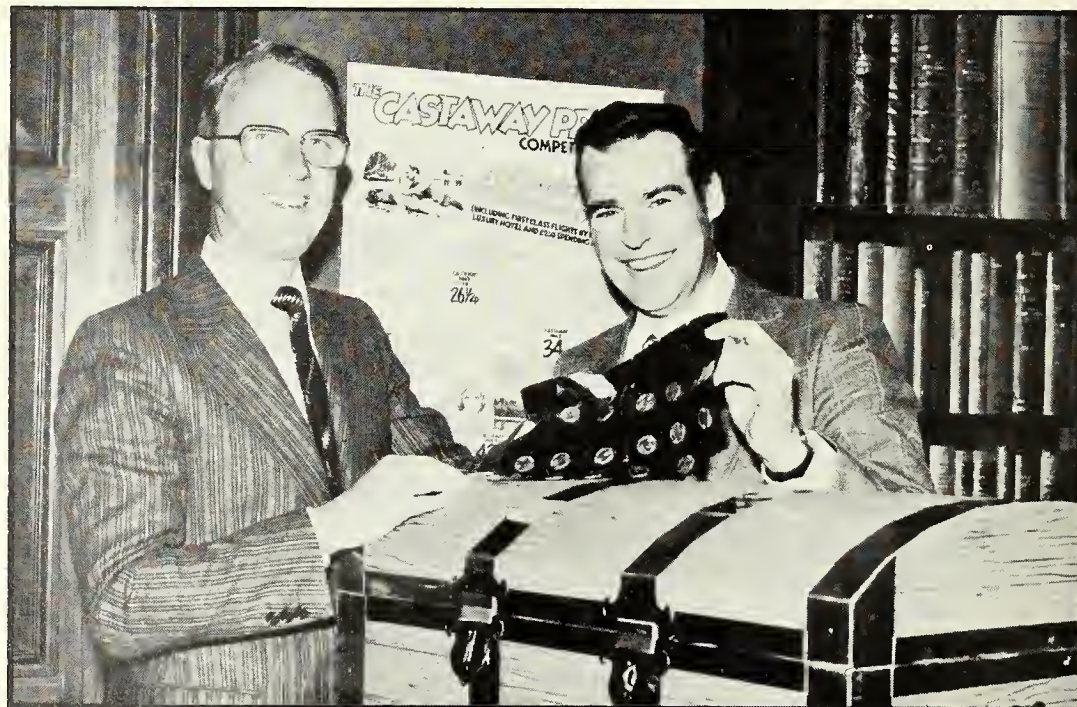
Northern police committee, believes that the safes or cabinets, bolted to the ground or wall as laid down in the Misuse of Drugs Act, are an easy target for thieves. Locked cupboards containing other drugs as well as CDs would be less conspicuous.

Mr Burness told *C&D* that he was sure that the police would be willing to co-operate with the Pharmaceutical Society to press the Home Secretary for a change in the Regulations. He intends to ask for the point to be discussed at the next meeting of the Scottish Executive in October.

Highest interest ever for Provident Society accounts

The interest on members' accounts with the Chemists' Sickness and Provident Society has been raised from 7½ per cent to 8 per cent—the highest ever achieved according to the annual report. The report says it is difficult to think of any other way in which a private investor could obtain such a return and yet enjoy the security afforded by the trustee investments.

Mr J. C. N. Wilford, chairman, said at the annual meeting last week that the apportionment rate of £1.65 per share for 1977 compared favourably with rates applicable to other registered friendly societies but which did not restrict their membership to a single occupation. Membership had marginally declined to 2,733 from 2,738. Potential membership however, was high, Mr Wilford said because it was open to everyone who worked in any branch of pharmacy or closely related activities. The meeting approved the change of name to the Pharmaceutical and General Provident Society which should take place when the registered office is moved to St Albans soon.



Mr J. Baxter, MPS, manager of Philp and Co, Port Street, Stirling, is seen (right) receiving his prize of 20 gold sovereigns from Mr Michael Frith, MPS, Unichem's chairman, at a presentation held in London at the conclusion of the "Castaway prizes" competition. Mr Baxter received his prize—valued at approximately £600—because he was the pharmacist who served the winning consumer in the same competition, Mr John Hart of Alloa, Clackmannanshire.

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Doctors approve the Clothier report

Doctors have accepted the recommendations in the Clothier Committee's report on rural dispensing. The report was set before the Local Medical Committee representatives conference last week and was approved with a minor reservation (but not binding on the negotiators) concerning patients who changed doctors without moving home. The doctors considered it could be unnecessary bureaucracy to refer such changes to the National Joint Committee for approval.

A rider was also added to the original motion to the effect that the medical profession's acceptance of the report did not imply that it would accept any amendment now or in the future to that part of the Medicines Act which entitled

all doctors to supply medicines to their patients. The rider referred to the Pharmaceutical Society Council statement which accepted the Clothier recommendations as interim and reaffirmed the Society's long term policy that all dispensing should be under the supervision of a pharmacist.

Introducing the motion that the report be approved, Dr Michael Wilson said the voluntary standstills had been observed by both sides extremely well and had led to an improved atmosphere. The Clothier report was a compromise but fulfilled its remit—to find sensible solutions to the rural dispensing problems. It would mean doctors could plan for the future and not be subject to the

market place. It was the best agreement that could have been achieved, he said.

Opposing the motion and putting an amendment to reject the report, Dr Morgan Williams said the agreement was not a compromise but a "carve up" between doctors and pharmacists with no reference to patients. He thought the report had ignored public opinion that patients would normally want to get prescriptions dispensed at a surgery. The conference policy was that all doctors could dispense if they desired. If pharmacists "withered on the vine" how could they open in rural areas? he asked.

Dr. Denham, a member of the General Medical Services Committee, said he had many letters from dispensing doctors who approved of the work done by the Clothier Committee but felt that pharmacists had lost sight of the convenience and welfare of the patient. He thought the greatest problems, if the proposals were implemented, would be in deciding if an area was rural or not. There could be disputes about villages near large towns.

Dr Rowe, GMSC, said patients in urban areas had no choice between dispensing doctor or pharmacy and he therefore queried the arguments on freedom of choice for rural patients. Nothing in the Clothier recommendation said change *had* to take place. They were concerned with avoiding sudden changes. He warned that a planned pharmaceutical distribution was being discussed and that doctors had to compromise in order to reach an agreement.

Tough negotiations

Dr Cormach, GMSC, said negotiations with pharmacists had been long and tough. Pharmacists would not agree to allowing patients to go where they pleased for dispensing. The compromise was workable and if the report was rejected doctors would be "saddled" with the entire blame for the breakdown in relationship between the professions.

Summing up Dr Wilson said he did not want to go back to the unsavoury dispute with another profession. Pharmacists had changed their method of remuneration and were allowing extra payments to small pharmacies. It was likely that pharmacists would open up where doctors were dispensing if agreement was not reached. The amendment was lost and the representatives approved the report by a reasonable majority. The implementation of the Clothier proposals will be discussed with the pharmacist representatives at a future meeting.

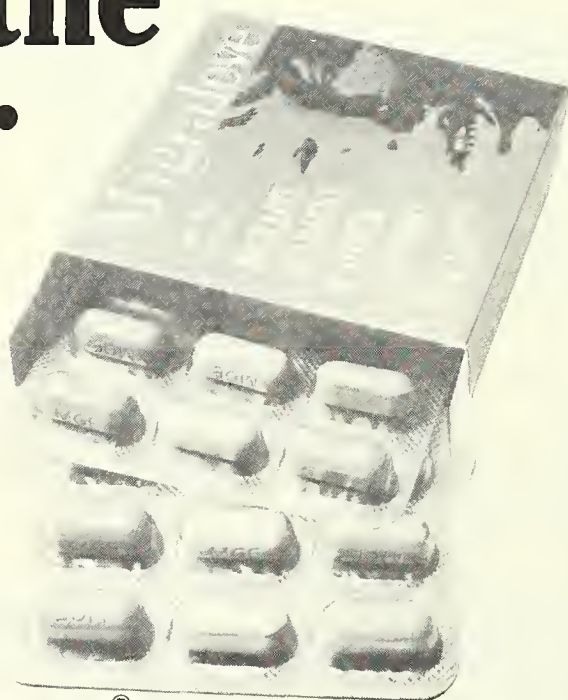
Dispensing doctors get extra 3p

Dispensing doctors are to receive an additional supplementary payment of just over 3p per prescription. The increase is in addition to that arising from their on-cost system and is backdated to April. The 3p is from the total doctor's pool and could be seen as similar to the pharmacists' differential on-cost rearrangement recently introduced.

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Barbara Weston

Miss Barbara Weston, BPharm, MPS, has been appointed a technical editor on *Chemist & Druggist*. Miss Weston graduated from Bradford University in 1967. She has retail and hospital experience and for five years was a member of the editorial staff of the 27th edition of Martindale, The Extra Pharmacopoeia. She joined *C&D* in July, 1977.

Mr D. Coleman, MPS, Stalham, Norfolk, has been elected chairman of the Chemist's Sickness and Provident Society (soon to change to the Pharmaceutical and General Provident Society) for the coming year. **Mr L. Priest, MPS**, London, has been elected vice-chairman and **Mr A. Medcalfe, FPS**, Lancaster, re-elected treasurer.

Donald G. Harris, director of Tesco Stores Ltd, has been elected chairman of the Article Number Association (UK) Ltd, succeeding **Mr Stanley L. Maughan** who has retired. **John R. Prout**, Nestle Co Ltd, was re-elected vice-chairman.

Professor A. M. Cook, professor of pharmacetics and head of UWIST school of pharmacy, is to retire in September because of ill health. He will be replaced by **Professor Paul S. J. Spencer**, professor of pharmacology.

Deaths

McCormick: Mrs Elizabeth McCormick, MPSNI, 8 Dundalk Street, Newtownhamilton, on May 23 after a long illness. Mrs McCormick, who qualified in 1930, was in business on her own from 1941. She closed her pharmacy two years ago because of failing health.

News in brief

□ Incontinence pads and some dressings are included in the July revision of prices to the Scottish Tariff.

□ The Luxembourg Government has prohibited the sale of oral preparations used exclusively to change the colour of the skin.

□ The Price Commission is to investigate price increases proposed by Lever

by Xrayser

Down to tin-tac-tics

There can be few parents who, when their child leaves home because he can't have ice cream, immediately close the windows, lock the doors, bolt the gates and erect a 12 x 6ft notice, telling the whole street that their offspring will not receive food, clothing, warmth, or bed unless he returns and does the dishes. They might feel like it; but they don't do it.

I ran away from home once—the kids next door had a new pedal car and I only had an old pair of pram wheels. It was late on a winter's afternoon. I didn't go far; just along the road and around the corner. I remember leaning against a clammy hedge and feeling cold in the gloaming. Dew was forming and when the street lights glimmered on, I knew apprehension. Even now I recall the feeling of relief when I heard my father's step and his quiet call. He swept me up on his shoulders and talked to me all the way home where he put me down in the kitchen. My mother set out the dinner which they had kept hot for me and I felt rather special.

West Glamorgan LPC have run away from home. When I first read of the PSNC reaction I was shocked. Did Alan Smith make the decision or did he do what the Committee told him? As a way of helping West Glam to better understanding the action can only be described as inept, for it shows no trace of the "administrative skills and negotiating ability" described in Griff David's letter last week. To precipitate a stand-off situation is bad tactics, especially when the people are of our own family, and we have outsiders looking on. Whoever set this action off must be censured.

What should have been done? Is there any doubt that the moment the PSNC heard of West Glam's action, the chairman and chief executive should have slipped off to Wales to talk to Martyn Lloyd, and to invite the whole LPC to London (on Sunday if necessary) to see at first hand what it was all about? I don't think that with fuller information West Glam would have wanted to continue to protest in the way they chose, particularly when the consequences to their contractors were pointed out . . . in private. Negotiations should have been swift and silent so that no one would have lost face. Remember, we are talking about individual pharmacists who, in addition to running businesses, want to do something positive to improve our lot.

What should we do now? I suggest it is essential that someone senior and respected (perhaps Joe Wright?) should be asked to do the rounds quickly and quietly. Then if West Glam can see their way clear to return home they will be welcomed by us all, and they will have gained valuable experience. Their protest, not the first of its kind, will add weight to those wanting change and debate. They will have become rather special.

Brothers Ltd. The company made its last increase in June 1977 and now wants to increase by an overall weighted average of 4.8 per cent the prices of its soaps and related products, including Shield toilet soap and Domestos bleach. The Commission is particularly interested in the way in which temporary price reductions are applied in this market. The investigation is due to be completed by October 4.

□ A revised version of Training recommendation No 4, which deals with induction training, job training and training records of clerical and associated personnel has been published by the Chemical and Allied Products Industry Training Board. Copies can be obtained from Mr M. Bradford, registry supervisor, CAP ITB, Staines House, 158 High Street, Staines, Middlesex.

□ Entries are invited from designers, package manufacturing and package user companies for consideration for the Institute of Packaging Starpack Awards. Packs will be judged on both functional and graphic design and can be either consumer or transit packages. Details from the secretary, Institute of Packaging, Fountain House, 1a Elm Park, Stanmore, Middlesex HA7 4BZ.

Thanksgiving at St Margaret's

A service of thanksgiving for the life and work of Sir Harry Jephcott, Bt, will be held at St Margaret's, Westminster, at 12 noon on July 21, to be conducted by the Dean of Westminster. No tickets are required.

Patient understanding of drug treatment

"Is your medicine really necessary?"

This adaptation of the second world war slogan on unnecessary journeys is a question that should be asked by both doctors and patients, according to Miss Ruth Levitt, social psychologist and lecturer in social policy, Bristol University.

Speaking at the Sheffield symposium on medicines, information and the patient this week, organised by the Regional Drug Information Pharmacists' Group, Miss Levitt was attempting to define patients' needs for information. Her question highlighted current thinking on patients' rights.

The conventional approach to the problem of patient compliance, said Miss Levitt, is that a high proportion of patients do not take their prescribed medicines and an equally high proportion take them incorrectly. It is also assumed that prescribing is a rational procedure—a patient feels ill, the doctor diagnoses and prescribes. But, Miss Levitt said, it was not known in detail how drugs worked, nor was it known how accurate was prescribing nor how effective the treatment. There appeared to be no feedback from "grass roots" to the manufacturer and the whole process was therefore irrational and open to challenge.

Nor was there a real exchange between doctor and patient about the patient's illness. It took time to build up trust and confidence and a GP did not have this time. However, a doctor's needs were as important as the patient's and this should be remembered when talking about patient counselling—a doctor needs to feel effective and the patient wants to feel better. The pharmacist too has his needs—to be able to give advice successfully.

Tax-paying patients

The final point Miss Levitt made was that patients and potential patients have the right to ask questions because they are usually taxpayers. Is the treatment value for money, is the volume prescribed justified, is the cost?

Dr Andrew Herxheimer, lecturer at Charing Cross Medical School and editor of *Drug & Therapeutics Bulletin* believes that doctors are responsible for what they prescribe but in order to benefit the patient should use the medication as the doctor intends. Therefore the patient must understand the doctor's intention, he must be motivated to carry it out and also have the ability to carry it out both with regards skill and the facilities. He quoted as an example the use of professional aerosols for asthma—skill is needed to operate them and also sufficient privacy.

The amount of information that can be given is not only limited by time but also by the patient's capacity to under-

stand, which in some cases is a measure of the patient's intelligence and also willingness to understand. If patients are given more information than they can cope with they become confused and frightened so some doctors tend only to say "how much" and "how often," possibly with a few precautions. To be most effective, information should be reiterated by all the professionals with whom the patient comes into contact—the doctor, the nurse/receptionist and the pharmacist. But it should be the *same* information. Too much from one source and very little from another would be confusing and detrimental.

Patients should ask questions

The doctor must make up his mind what information the patient needs but this must be balanced by what the patient wants to know. The patient should be encouraged to ask questions of the doctor. Dr Herxheimer suggested that a list of reasonable questions should be circulated to patients in the waiting room. These include:

- ☐ What is the medication for and how it should be taken? Will I be able to tell if it is working?
- ☐ How important is it that I continue taking the medicine? What will happen if I stop?
- ☐ Has it any other effects? Can I drive or drink with it?
- ☐ How long should I take it for? When will you want to see me again and what will you want to know then?

Mr David Sharpe, vice-president of the Pharmaceutical Society, made the point that the pharmacist was the professional who supervised the dispensing of medicines immediately prior to use, logically, he was the person to ensure that the patient understood how to take them. Unfortunately some pharmacists assumed that the patient was as skilled as themselves in the administration of drugs. But a pharmacist should make no such assumption.

However, Mr Sharpe suggested that it might be better for the patient to tell the pharmacist what he had been told before the pharmacist volunteered information. If the doctor had been thorough, the pharmacist should acknowledge the fact; gaps could be filled in but where the information was questionable or possibly incorrect the pharmacist should telephone the doctor or question the patient more closely.

Dr Freya Hermann, assistant professor, Oregon State University, USA, is undertaking a study of package inserts given to patients. In Europe unit pack dispensing had been the norm for many years but in the US the idea was new. Dr Hermann said that in the US patients were becoming "emancipated" and had

demanding of the Food and Drug Administration that package inserts be given as a right, but no study had been undertaken to see the effect of inserts.

Dr Hermann asked what was the purpose of giving information to the patient. Was it to inform the patient of the nature of the medicine, how it would affect him, its possible side effects, or was it just to enable the patient to take the drugs properly?

The answers given to this and the subsequent questions showed a definite split in the opinions of the symposium. One view was that the fullest information possible should be given to heighten patient perception and set objectives for their own care. The other view was that the information should ensure that the medicine was taken correctly, at the correct time to ensure the maximum effect.

Answers to the question "Should it be the patient who decides whether to take the medicines prescribed?" again showed up the diverse opinions on "patient power." As the greatest impact of the drug was on the patient himself, then a patient of "average" intelligence should be able to make up his own mind, was one reply. Another was that patients—who by definition were usually ill—were in no position to make such decisions. But another speaker said that patients could be subsidised according to their illness. The immediate objectives with the acutely ill patient in hospital were different from a patient visiting a GP. Dr Herxheimer said that if a patient does not take a medicine, prescribed after consultation and did not tell the doctor of the fact, then in his opinion he had broken the "therapeutic contract." Dr Peter Noyce, principal pharmacist, North West Thames Regional Health Authority, commented that patients take decisions on their medicines even if they are given no information.

Simplest information

But in his own paper on the following day, Dr Noyce attempted to set out the information needs in relation to patient compliance. At the simplest level patients must, he said, receive and have a record of complete and unambiguous directions for administration. This included the exact timing schedule; how medicines should be taken in relation to food—before meals means at least half an hour; guidelines for making decisions when these are left to the patient.

Referring back to his remark on the previous day Dr Noyce recognised that patients do make their own decisions and ideally they should all be able to take informed decisions. But there were groups of patients for whom irrational decisions could have serious consequences. Priority should be given to providing comprehensive information to patients receiving medication for the control of chronic diseases, eg hypertension, congestive heart failure, epilepsy; those with medication with a low margin of safety, eg digoxin, barbiturates, and those where premature discontinuation might have serious consequences.

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COUNTERPOINTS

Arrid antiperspirant now available as a solid stick

Carter-Wallace Ltd are launching Arrid solid (85g £1.10), which they describe as "a totally new kind of antiperspirant, and as different from the traditional deodorant stick as an aerosol is from a squeeze pack". It has been formulated, says the company, in a volatile silicone base with a larger percentage of antiperspirant ingredients and they claim that one stick can last "up to three times as long as a 190g can." Brand manager, Andy Reynolds, says: "At present only 2 per cent of total category business is in stick form but in the United States the stick market has grown from 5 per cent to 12 per cent in the past two years."

During the launch period Arrid solid will be available at the reduced price of £0.99 and will be backed by half page full colour advertisements in the *Radio Times*, *TV Times*, and *Weekend* throughout July. All launch advertisements feature a 15p coupon. *Carter-Wallace Ltd, Wear Bay, Folkestone, Kent.*



Lady Jayne on radio

Laughton are telling women that their hair is as important as their figure and to remember to take their haircare kit on holiday with them. Lady Jayne's 30 second and 15 second radio commercials will be featured on London's Capital radio throughout July and Birmingham's BRMB and Beacon, Manchester, Piccadilly and Radio Luxembourg for the first two weeks of July.

Full colour page advertisements will appear in the August and September issues of *Honey* and *She* and the August issue of *19*. The company suggests that their Lady Jayne stand with its "choose your Lady Jayne holiday hair kit here" is placed near other haircare items such as shampoos to encourage the customer to make up their complete "holiday hair kit" in one sale. Window stickers are also available. *Laughton & Sons Ltd, Warstock Road, Birmingham B14 4RT.*

Beecham sponsor BBC Superstars

Two Beecham Toiletries' brands, Brylcreem and Body Mist, are combining to sponsor the BBC television series, "Superstars". This is the first time Body Mist moves into sponsorship with the women's UK national superstars championships. Competing in the two day event to be held at Harlow, Essex, on July 10 and 11 will be Divina Galica, Gillian Gilks, Jill Hammersley, Valentia Iliffe, Valerie Robinson, Tessa Sanderson, Michele Tyler and Hilary Peacock. The hour long

programme resulting from the event will be screened in about six months time.

Brylcreem adds the sponsorship of the men's UK national superstars to the international indoor cricket championship they staged in April, as part of their 50th anniversary celebrations. In all, Brylcreem will support six days of Superstars events, the next, (the third preliminary heat) also being held on July 10 and 11 at Harlow. The finals are scheduled for September. *Beecham Proprietaries, Beecham House, Great West Road, Brentford, Middlesex.*

Pears shampoo relaunched

A. & F. Pears Ltd are relaunching the whole Pears shampoo range with new caps and labels. The company says that these labels have been introduced at a time when Pears shampoo is enjoying increasing success and claims an 8 per cent value share of the shampoo market.

All four Pears shampoo variants, dry, normal, greasy and medicated, now share the same label design—a modern pattern printed in a different colour for each variant to match the four different product colours. The Pears logo is unchanged but the caps have also been specially selected to match the product and label, giving the range a co-ordinated look and aiding consumer recognition.

Pears shampoo brand manager, Anco Saraiva, says "With this relaunch operation we are aiming to expand the continued gentle and pure image associated with the product into a broader

target group, embracing the whole family."

To back the relaunch, a £350,000 television campaign breaks with a four week national burst in the middle of July. A. & F. Pears are also offering special price marked packs on all shampoo sizes during the relaunch period and the standard size will sell for £0.25, large for £0.37 and economy for £0.65 (normal prices £0.35, £0.50 and £0.88 respectively). *Elida Gibbs Ltd, PO Box 1DY, Portman Square, London.*

Eucryl campaign to boost sales

Eucryl toothpouders will be advertised nationally throughout July and August in a £160,000 campaign. The television commercial emphasises the appeal of the two newer flavours, smoker's fresh and mint fresh. A less extensive campaign at the same time last year resulted in a 15 per cent increase in volume sales and LRC Products are expecting an even greater offtake in sales this year. *LRC Products Ltd, Sanitas House, Stockwell Green, London.*

Flower art kit offer from Babysoft

To help boost sales of its Babysoft flat pack, and, says the company, to highlight the product as the only soft tissue brand on the market offering a range of colours, Jeyes are mounting an on-pack offer of a Thomas Salter flower art kit. The kit, which will be offered at £0.74 (including postage)—representing a 25p saving on normal recommended retail selling price—comprises 100 tissues in four colours, a petal design template, 12 artificial stems and flower centres and an instruction leaflet. Each application for a kit—and there is no limit on the number for each person—must be accompanied by the tear out panel on the front of the pack. Trade deliveries of the special promotion pack will begin on July 17.

Commenting on the promotion, product group manager, Graham Walkinshaw says: "We believe that this offer will have a universal appeal for all the family and is ideally suited to the Babysoft brand. By offering a paper flower kit which incorporates the use of coloured tissues we are personalising it to Babysoft. The offer will communicate and be related to the main distinguishing features of the brand, i.e. softness and colour." *Jeyes Ltd, Brunel Way, Thetford, Norfolk.*

The Collection from Arden



The Collection is a new make-up range from Elizabeth Arden which will be available for sale from September 4. The company says that in an age of planned obsolescence they have set out to design a range of luxury cosmetics "so sophisticated, so subtle, that fads and fashion trends fade into insignificance." It is a range that has been deliberately limited and comprises only eight products with a balanced range of shades. The foundation (£5.00) will be available in a choice of six shades of beige, and the translucent powder compact (£4.00) in three; Spanish red, terracotta, red fox and hot sienna are the powder blushes (£4.50) and there are twelve shades of powder eye shadow (£3.50) with four colour combinations in the range of shadow duo's (£4.50). The mascara (£3.50) will be available in black, brown and navy and both the lip colour (£2.50) and the nail colour (£2.50) ranges comprise 12 shades.

The Collection is packaged in oval "ivory-image" cases, each embossed with a platinum 'C' medallion. "Oval," says the company, "to symbolise femininity, ivory to be collected and platinum to reflect the lady's taste." *Elizabeth Arden Ltd, 76 Grosvenor Street, London W1.*

Remington celebrate with competition

Sperry Remington has launched a combined retailer and consumer promotion to celebrate the completion of 40 years since they sold the first electric shaver. Focal point of the promotion is the "Remington adventurers competition." This free-entry consumer competition is based on questions relating to events which have occurred in the four decades since the first electric shaver sale in 1937. There are four prizes of £250 Thomas Cook holiday vouchers, and in addition, 40 runners-up will have a choice between a Remington M3 rechargeable shaver or a Lady Remington Vogue set plus dryer styler. And for

every consumer prize awarded, there is an identical prize for the Remington stockist listed on the entry form.

On all supporting material a graphic device depicting the anniversary theme evokes the 1930s yet, thanks to the current popularity of Art Deco, the design appears modern. The symbol appears on a range of point-of-sale material, including colour product-range leaflet dispensers, window stickers, crownners and showcards. *Sperry Remington Consumer Products, Apex Tower, High Street, New Malden, Surrey.*

Summer advertising for Wright's soaps

Wright's Coal Tar soap, which was relaunched last September with original and new spring fresh varieties, is mounting an advertising campaign this month. The commercial will be seen nationally in a £175,000 burst over four weeks. The campaign is backed by money-off offers of 2p off the toilet bar, 4p off the bath size and 7p off the giant size. This promotion will run throughout July and August. *LRC Products Ltd, Sanitas House, Stockwell Green, London.*

Maxi Dri offer

From now until the end of the month Maxi Dri kitchen towels from Kimberly-Clark will be flashed 4p off. This promotion is said to be timed for the summer "boost" selling period for kitchen towels and is supported by a four week burst of national television advertising from mid-month. *Kimberly-Clark Ltd, Larkfield, Maidstone, Kent.*

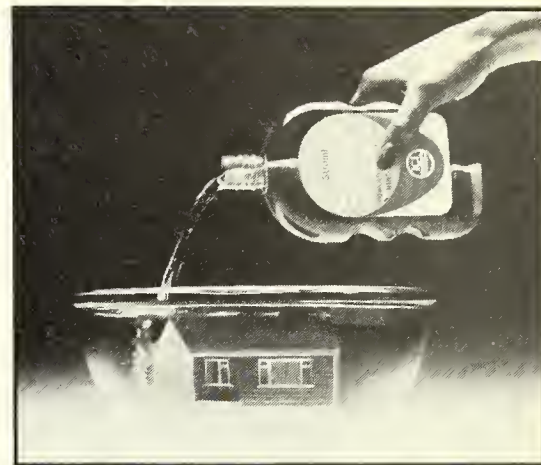
New Bloo

Jeyes have reformulated Brobat Bloo so that it is said to have added germicidal properties plus a positive pine fragrance. To back the new formulation a £250,000 television campaign will be screened at the end of August. The commercial is a sequel to the award winning "talking loo" with Kenneth Williams' voice-over. This time he bursts into song with the message that Brobat Bloo "cleans as it freshens as it flushes". *Jeyes Ltd, Brunel Way, Thetford, Norfolk.*

Film delays

Kodak have been experiencing an unusually heavy demand for film stocks, causing some delays in distribution. The company says it is doing all it can to rectify the situation. *Kodak Ltd, Kodak House, Station Road, Hemel Hempstead, Hertfordshire.*

Savlon shown to 'murder' germs



Savlon antiseptic liquid will be seen on all television networks as part of a campaign to support the brand during the summer months. A series of 30 second spots have been booked for a four week nationwide burst starting July 17.

Further support for Savlon antiseptic will be full-page four-colour advertisements in leading women's magazines from August to October. The company says that the new campaign is intended to demonstrate the wide ranging product usage and endeavour to show that although well known as an antiseptic for cuts and grazes, Savlon antiseptic is equally effective in general household use. The theme of the commercial demonstrates a house being picked up and immersed in a bowl of water containing Savlon liquid. The implication of this is designed to highlight the many different uses to which the product may be put. These are featured individually in separate sequences particularly in bathroom and kitchen areas.

Savlon antiseptic liquid and antiseptic cream have recently been introduced through the grocery trade. *Care Laboratories Ltd, Badminton Court, Amersham, Bucks.*

Disclosing tablets

Oral-B two-tone disclosing tablets (£0.39) have been introduced in packs of 12. Display outers contain 24 packs. Newly formed plaque stains red and more established plaque stains blue. *Knox Laboratories Ltd, The Firs, Whitchurch, Aylesbury, Bucks HP22 4JU.*

Christmas correction

The price of £3.85 quoted beneath the picture of the Taylor of London bath seeds pack in the Christmas gifts section (*C&D*, July 1, p32) referred to the double bath sets which will be available for Christmas and not to the single sets which were illustrated. These retail for £1.95. *Taylor of London Ltd, The Dean, Alresford, Hants.*

COUNTERPOINTS

All Clear anti-dandruff shampoo on test market

All Clear, a shampoo which is claimed to combine "maximum effectiveness against dandruff with the hair care qualities that users expect from a beauty shampoo" has been launched in the Southern television area by Elida Gibbs under the A & F Pears label. It is said to be the first anti-dandruff shampoo with variants for dry, normal and greasy hair types, and a basis of herbal ingredients "adds to the hair care benefits of the shampoo".

The company says that 50 per cent of people in the UK suffer from dandruff but research has shown that only 30 per cent of them use a special shampoo, and not all of these use one regularly. The main reason is a need to intersperse a beauty shampoo formulated for the user's hair type with an anti-dandruff shampoo. It is hoped that All Clear (75ml £0.36, 150ml £0.66), will overcome this problem. The variant for normal hair is apple green in colour and its herbal ingredients include wild marjoram, primrose and juniper, that for greasy hair is lime green and includes lime blossom, camomile and witch hazel. All Clear for dry hair is sage green and includes rosemary, balsam and clover plus a conditioner to counteract fly-away problems.

The launch is being backed with a television campaign in the Southern area. A range of display material will be available including dump bins, shelf barkers and floor stands. The variants are colour coded. Brand manager, Tony Scott, says, "This is clearly a shampoo which will appeal to all dandruff sufferers who, to date, have not been totally happy with conventional anti-dandruff shampoos." *Elida Gibbs Ltd., PO Box 1DY, Portman Square, London W1A.*

Village distribution

Village bath products, previously distributed by Fassett & Johnson, are now being handled by Ken Fowler who has set up a separate company, Village Bath Products. Included in the range are peach bubbling bath oil, moisturising shower bath gel, beer shampoo, bath oil soap, hand rolled soap balls, loofa and creme soap treatment kit, Lip Lickers lip balm, Putty soap for kids and soap and finger-paints kit. The theme of the range is nostalgia with containers and packaging reminiscent of items available from a general store in Victorian times. Contents too, says Mr Fowler, hark back to age old formulae using pure extracts and natural ingredients. He adds however that there is nothing dated about the Village marketing principle: "Because we



want to remain exclusive in this country, distribution will be on a restricted basis, selling only to selected chemists, department stores and boutiques. When fully operational we hope to have established a network of some 600 retailers throughout the UK." *Village Bath Products, 13 Denbigh Hall Estate, Bletchley, Milton Keynes MK3 7QT.*

PRESCRIPTION SPECIALITIES

Anturan 200mg

A new strength of Anturan tablets is now available and will be promoted for use in the prevention of cardiac death following recent myocardial infarction. Each light yellow, sugar-coated round tablet contains sulphinpyrazone 200 mg and is printed "Geigy" on one side (100, £8 trade). *Geigy Pharmaceuticals, Hurdsfield Industrial Estate, Macclesfield.*

Pularin marketing

Duncan, Flockhart & Co Ltd are now responsible for the marketing of the following Pularin and Pularin-Ca preparations previously sold by Evans Medical Ltd: Pularin heparin sodium injection BP (mucous), boxes of 5 x 5ml vials each containing—1,000 units per ml (preserved), 5,000 units per ml (preserved), 25,000 units per ml (preserved); 5 x 5ml ampoules each containing 1,000 units per ml (without preservative). Box of 5 ampoules 5,000 units in 0.2ml (without preservative). Ampoules 12,500 units in 1ml (without preservative). Pularin-Ca calcium heparin injection—box of 5 ampoules each containing 5,000 units in 0.2ml (without preservative).

Prices are unchanged and in order to avoid any interruption of supplies during the changeover period, these preparations will continue to be available from usual

suppliers in the Evans presentation until stocks are exhausted. *Duncan Flockhart and Co Ltd, Birkbeck Street, London.*

Warner pack changes

New 200ml packs are being introduced for some William R. Warner & Co Ltd products. Choleleryl syrup 150ml packs will be replaced by the 200ml size (£1.235 trade) and Tedral expectorant 300ml by a 200ml pack (£0.75) as soon as present stocks are exhausted. Tedral suspension 150ml packs will change in October/November (200ml, £0.785), Rinurel linctus 150ml in September/October (200ml, £0.94) and Urolucosil suspension 300ml in September (200ml, £0.79). *Warner-Lambert (UK) Ltd, professional products division, Usk Road, Pontypool.*

Influenza vaccines

The formula for Admune influenza vaccine for 1978-79 will be: 400 units of A/USSR/92/77 (H₁N₁), 400 units of A/England/321/77 (H₃N₂), 400 units of B/Hong Kong/8/73 in each 0.5ml dose (0.5ml ampoule, £1.70; 5ml vial £15.60 trade).

For Fluvirin adsorbed surface antigen influenza vaccine, each 0.5ml dose contains the haemagglutinin and neuraminidase antigens prepared from: 200 units of A/USSR/92/77 (H₁N₁), 200 units of A/England/321/77 (H₃N₂), 200 units of B/Hong Kong/8/73, adsorbed onto aluminium hydroxide (2.48 mg in each 0.5ml). The content of aluminium does not exceed 1.25 mg per 0.5ml dose (0.5ml ampoule, £1.70; 5ml vial £15.60 trade). *Duncan Flockhart and Co Ltd, Birkbeck Street, London E2 6LA.*

ON TV NEXT WEEK

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

Alka Seltzer: All except M

Anadin: All except U, E

Camay: All areas

Crest: All except E

Dentu-creme: All areas

Cyclax Moistura: All areas

Germolene: Lc

J&J baby lotion: M, So, NE, A, B

J&J baby oil: M, Lc, Y, Sc, NE, B, G

Nivea: U

Setlers: All except E

Unichem: All except U, E

Wrights soaps: All areas

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Elida Gibbs  The brands that mean business.

*Source: TCPI sterling share, Feb. '78. †Source: TCPI sterling share, 3 months '78 versus '77 average

Beecham know market know

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£250,000
National TV spend
this autumn



Clean-up and the new Sensodyne

Compact head to search out and remove plaque in hard-to-reach areas.

Special filament design for efficient and comfortable plaque removal.

All-nylon construction can be immersed in hot water without damage.

Plus the other Sensodyne features straight handle, rounded contours, dense brushing surface, double end-rounded filaments – for safety and comfort.

Now – the toothbrush dentists have been asking for
The new Sensodyne Searcher was designed after nationwide research which revealed that



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68% of dentists prefer a compact-head toothbrush with 3 rows of brushing filaments.

This design was almost twice as popular as any other.

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There's a special launch bonus offer to the retail trade: we invoice you for only 10 of every dozen Sensodyne Searcher toothbrushes you order. On these terms you get over 16½p. profit on each Searcher brush – a margin of 41.7% when you sell at the R.S.P. of 43p. Order now through your Stafford-Miller representative or usual wholesaler.

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We have developed a new display unit to hold supplies of all four Sensodyne toothbrushes – the new Searcher, plus Plaque Remover, Junior and Gentle.



Heavyweight professional promotion

The Sensodyne Searcher is being launched in June with a high-impact advertising campaign to dentists. The Stafford-Miller professional dental representatives will be calling on dentists nationwide; they will be supported by direct mail and press advertising to make this the most heavily promoted professional brand.

Our retail representative will be calling to offer you one – or you can contact us direct.



Stafford-Miller Ltd., Hatfield, Herts.



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Soft, strong and very long.

Andrex is a Bowater • Scott quality product.

*Independent research

Andrex

Rollei Pocketline 110s: three excellent additions

Pocketline 110 series, models 100, 200 and 300. Made in Japan and distributed in the UK by Rollei (UK) Ltd, Denington Estate, Wellingborough, Northants. Here is yet another excellent addition to the increasing number of elegant and efficient little cameras for the 110-format, which is becoming more and more popular and for which film sales are rising appreciably.

The basic design of all three models is similar but the cameras differ in detail. The plastic bodies have a fine matt-black finish except for the underside which is grained; half of the top surface and the upper section of the front panel has a bright satin finish. The lens mount is centred with the viewfinder to its left.

Looking at the top-plates from the front of the camera, the 100 model has simply the square release button at the left-hand end just over the viewfinder front opening, then the cable-release socket near its bottom right-hand corner. The 200's release is similarly placed, but over the lens mounting is a two-position slider indicating bright sun and cloudy/flash. The release-button of the 300 is placed in the same position as the other two and the slider for the aperture-change on the 200 is replaced by a similar one which controls the lens change from normal to telephoto.

The back panels of all three cameras are identical, with the sliding catch for the loading panel and the serrated metal thumb-wheel at the left-hand side, the viewfinder eyepiece at the right-hand side; the anchorage for the wrist-sling is on the right-hand end. The hot-shoe mounting for the electronic-flash unit is in the opposite end. Set into the base of each camera is a standard $\frac{1}{4}$ in (English) tripod bush and, surprisingly enough for inexpensive cameras of this kind, there is a small panel carrying a serial number!

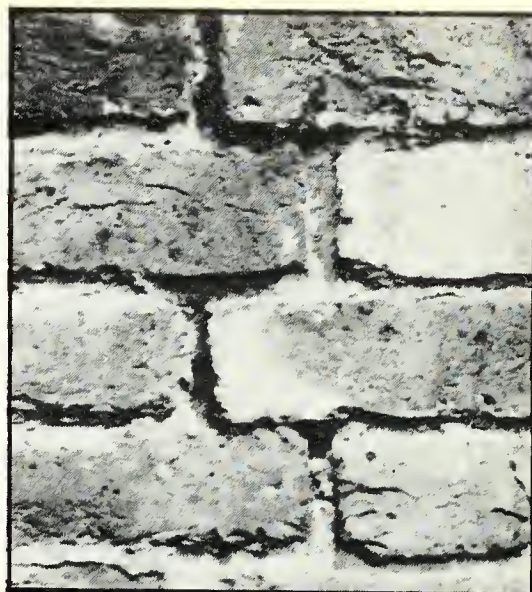
Smooth controls

Full technical details of the three models are given in the composite data panel. All of the controls work quite smoothly and the releases, being on top of the camera, can be squeezed as recommended in the well-illustrated instruction leaflets that have clear line drawings for the method of operation both for taking outdoor and indoor flash pictures.

Because the lens assemblies are similar, the 200 was chosen for practical tests in the usual C&D manner. Perfectly normal pictures were made, both outdoors and indoors, using a firm support to avoid camera-shake which would detract from the best performance of the camera. The film, again a standard material, was Kodak Verichrome Pan, (VP110-12) black-and-white, processed on this occasion in Patterson Aculux in-

stead of the usual Acutol, with comparably good results. Enlargements (7 × 5in) were made on normal bromide paper, giving good detail all over the picture area, although at this magnification (as might be expected) the granular structure of the film is beginning to be apparent.

The presentation of the cameras is attractive—each is supplied in a dark-blue double-walled card carton with a moulded expanded-plastic recessed inner which locates the camera, the electronic-flash and the wrist-sling. Each item is packed in a transparent plastic sleeve for further protection. The inside of the lid carries basic information and the carton is identified on the lid and on both ends.



Brickwork photographed from 4ft

Cameras and flash units all carry a small oval "passed" sticker from the JCII (the Japanese Camera Inspectorate) that is usually seen only on more expensive types of equipment.

Pocketline 110 series:	100, 200 and 300		
Country of origin:	Japan.		
Distributor:	Rollei (UK) Ltd.		
Lens:	100	200	300
	Lumetar, 26mm f/8.	26mm f/5.6	24.5mm)
	3-element.	or f/9.	normal) f/11.
			34mm)
			telephoto)
Shutter:	1/125 sec	1/125 sec	1/100 sec
Features:	Typical compact 110-format design with simplicity of operation. Small electronic-flash unit clips on to left-hand end of camera body, with built-in hot-shoe connection automatically. Fixed focus. Model 200 only has top-plate slider, for aperture change, indicating bright sun and cloudy/electronic-flash. All models have provision for cable release and are fitted with tripod-bushes.		
Accessory:	wrist-sling wrist-sling wrist-sling		
Dimensions:	Camera—	4 $\frac{1}{2}$ × 1 $\frac{1}{2}$ × 1 $\frac{1}{2}$ ins.	
	Flash—	2 $\frac{1}{2}$ × 2 $\frac{1}{4}$ × 1 $\frac{1}{4}$ ins. (300 slightly bigger)	
Weight:	Camera—	3 $\frac{1}{2}$ ounces (99g)	
	Flash—	3 $\frac{1}{2}$ ounces	
Guide prices:		£21.75	£25.47 £26.95
Availability:			Immediate.

New

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A RANGE OF COMPACT CAMERAS TO SUIT EVERY NEED

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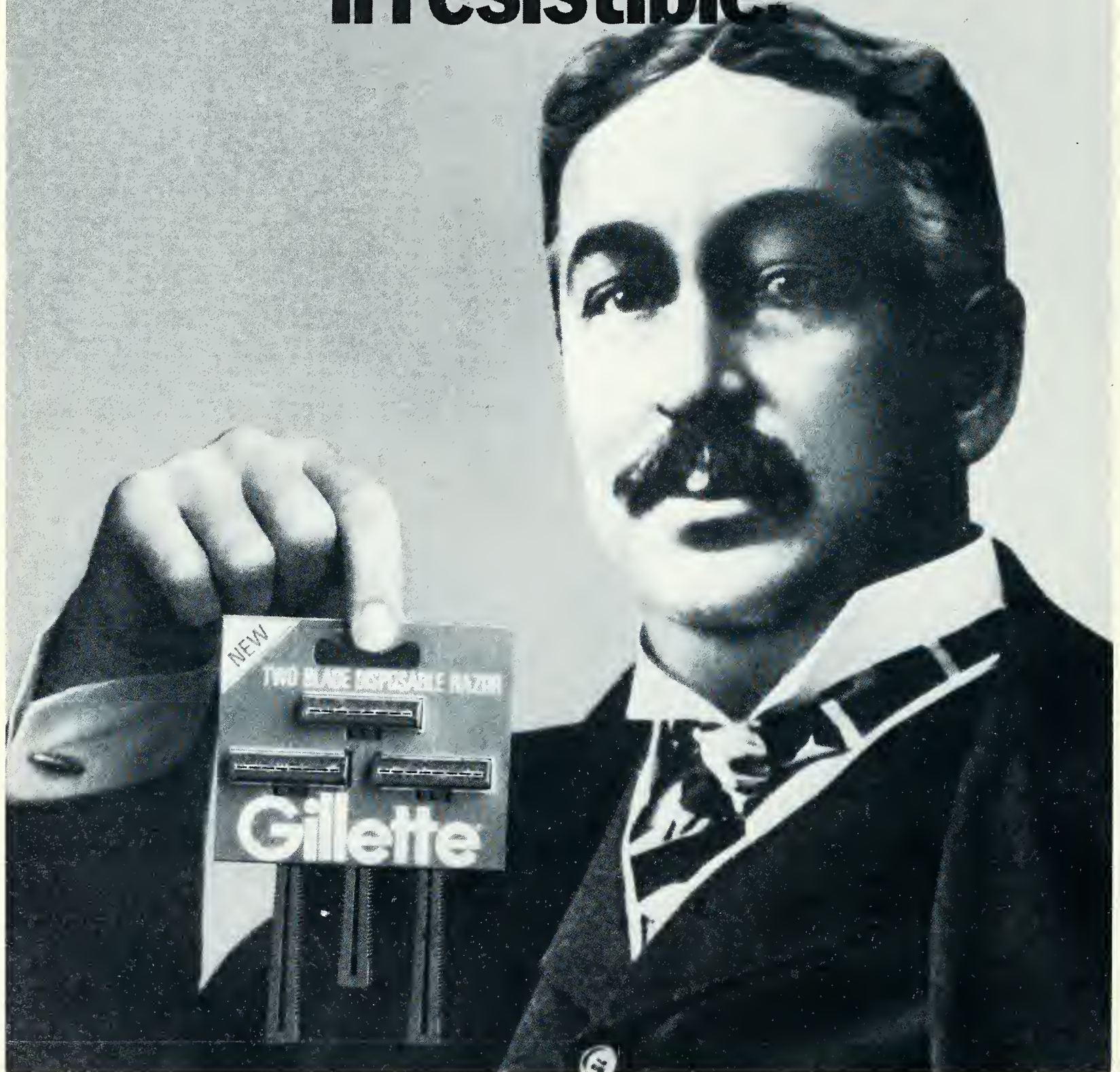
New ELECTRONIC FLASH WITH EVERY CAMERA

3 MODELS TO CHOOSE FROM

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- POCKETLINE 200
- TELE POCKETLINE 300

- Hot-shoe removable electronic flash included with camera
- Gives up to 150 flashes per set of alkaline batteries
- Uses ordinary 110 film cartridges
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Pressure from constituents to maintain service

After the opening speech by Mr Gerard Vaughan from the Opposition front bench, it was the turn of backbench MPs from both sides of the House to try to persuade Mr Moyle to change his mind on arbitration.

Mr Sydney Tierney said he had received representations from individuals and residents' associations about the availability of dispensing outlets, particularly on behalf of old people and young mothers. Obviously there were large areas, particularly housing estates, near the city centres which lacked dispensing facilities.

The fall in the number of outlets put a strain on the rota system, particularly at holiday time. "I imagine that we have all experienced difficulties and complaints from constituents who have to go over bank holiday weekends to the dispensary of the local hospital, or make contact with the police with a view to getting some service which they require, sometimes in an emergency."

Mr Tierney went on: "We must have a viable and efficient structure working in conjunction with the Health Service, with accessibility to all members of the community, whether it be in cities, towns or villages. If the trend of closures continues, then the whole structure of dispensing outlets will collapse. The economic and social costs would be beyond calculation."

"Pharmacists should not have to rely on general trading profitability. They should be able to make a living by providing a public service"
Sidney Tierney

However, the Member felt that the decline in the number of pharmacies cannot be imputed solely, or generally, to the overall level of remuneration received from the Department. "Pharmacists are pharmacists first and shopkeepers second, particularly when they own their own shops. But often it is the other way round." Mr Kenneth Lewis intervened to suggest that the reason pharmacists become "shopkeepers first" is that "they have no option." They had to expand the non-pharmacy side because pharmacy alone did not give them a good return.

Mr Tierney accepted the point, arguing that pharmacists should not have to rely on general trading profitability. "They should be able to make a living by providing a public service." Closure of many small pharmacies had been

caused by competition or changes in shopping habits and population movements through slum clearance had also caused problems. "One of the biggest problems is the inability to find outlets to replace pharmacies which have closed. I am thinking of housing estates where shop premises are available and there is a need for a pharmacy. Overheads on new premises are astronomical and often supermarket competitors are already installed in the area selling similar lines to those sold in pharmacies at more competitive prices. Pharmacists are reluctant to operate on the basis of earnings from prescriptions because that is too risky."

Structure 'must be retained'

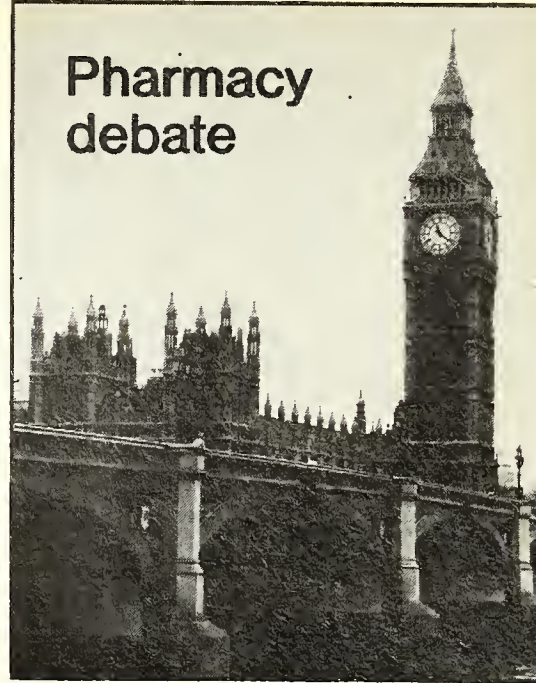
Many pharmacists are opposed to State pharmacies Mr Tierney continued, and wanted to continue to own their pharmacy-cum-shop and to operate it on a profit-and-loss basis. "Many of us would like to see the NHS extended to encompass more dispensing services than it has at present. But we have an infrastructure of mixed types of dispensing outlets. We must retain that structure, with fair remuneration for those who operate it so that the public is protected, until we find a better structure."

"There should be some agreement with the contracting chemists and their representatives in order to create a structure of dispensing outlets which enables pharmacists to survive on the basis of remuneration earned from prescriptions and the other services that they provide for the Health Service. A dispensing service which relies for its existence on the success of its general trading operations, with cut-price attacks from supermarkets, is vulnerable and will remain so for as long as this pattern of trading continues."

Declaring an interest in USDAW, Mr Tierney said that the jobs of his members in wholesale and retail pharmacy were dependent on preserving the viability of the existing infrastructure for supplying prescription medicines and over-the-counter pharmaceuticals to the public. "The pay of qualified pharmacy managers and unqualified assistants is low compared with the pay of their trade union colleagues employed in the wholesale or manufacturing side of the industry." If the Department placed restrictions on profitability and wages remained low the retail sector would lose its professional staff. Mr Tierney welcomed the profession's recent proposals for rational location of pharmacies.

Mr W. van Straubenzee commented that no other single problem was raised

Pharmacy debate



so often when he walked about his constituency as the request "Cannot you get a chemist to come here?", "Cannot you get him into the neighbourhood shopping centre?" or "Cannot you get him to the large village?" For those dependent upon the bus, for the elderly, etc, the location of the local chemist was of immense importance. Mr van Straubenzee urged the Government to go to arbitration, as it encouraged other parties to do.

"This is a situation in which the application of an independent mind would help to re-establish confidence" *A. J. Beith*

Mr A. J. Beith said the pharmacist felt that his key role in the NHS, recognised by the amount of training he was given, was not well enough recognised in remuneration. "He is part of the front line troops of the NHS, the first person whom many members of the public, myself included, contact on minor ailments. But the chemist is not paid for that side of his service. He benefits from the advice he gives only if the end result is that he sells us something off his shelves. It is not always realised just how much use people make of chemists as a first port of call and how the general practitioner would be even more overwhelmed than he is on small matters if this were not the case."

Mr Beith said that rural communities were often at a disadvantage and in some areas energetic attempts had been made to deal with the problem by providing voluntary collecting services to get prescriptions for the elderly and housebound people. "The Department must look carefully at what help and encouragement can be given to these services."

Turning to stock problems, Mr Beith recalled that he recently went to five chemists who were unable to supply both items on a prescription for a minor ailment. More and more drugs were coming onto the market which the chemist had to stock. "Unlike other traders, he cannot simply drop old lines; at least one doctor may go on prescribing

Continued on p72

The difficulties that pharmacists face

Continued from p71

ing. If a doctor suddenly stops prescribing the chemist will be left with a large stock of which he cannot dispose; he cannot put it out on his counter, marked 'Sale—unwanted drugs at reduced prices.' The doctor who runs his own dispensary is in an easier position; he can relate prescribing to stock far more easily than the pharmacist."

These difficulties were part of the background to the dispute on remuneration, which centred on the net profit margin. "The chemists say that their present 16 per cent return on capital is only a 2.9 per cent return on turnover, which is not enough. The equivalent of a 5 to 6 per cent return on turnover, which is what they are asking for, would be well within the pay code." In April the Secretary of State had said he did not know the grounds on which the pharmacists found his arguments unacceptable and so rejected arbitration. But, said Mr Beith, "the Minister must surely know those grounds by now. He may not agree with them, but the pharmacists have made their position clear and have put a strong case. This is a situation in which, above all, the application of an independent mind would help to re-establish confidence in every quarter. The pharmacists could see their claim being examined by someone who, they felt, had no vested interest and who would be likely to award them, even if he went beyond the Minister's offer, a result in line with the pay and prices code. Surely that is reasonable."

Mr Eric Ogden, a Parliamentary adviser to the Pharmaceutical Society, agreed that pharmacists are "front line

"Judging from my constituency postbag there are areas where one needs to be fit, well and aggressive in order to bother doctors so effectively as to be able to see them" *Eric Ogden*

troops" and was grateful to the Opposition for using part of a Supply Day for the debate but was not wholly convinced that they were doing so entirely without regard for possible party political advantage.

It must be recognised, Mr Ogden went on, that PSNC was a complex organisation. "I suggest that the needs of Boots, a first-class company in manufacturing, pharmacy and retailing, which can pay £60,000 to Glenda Jackson for three television commercials, are not exactly the same as the needs of the small pharmacists to whom I go for my prescriptions." The "variety" seemed to demand both a common contract of service for pharmacists as such—not the lowest common multiple all the way along the line—plus the provision of

special allowances to achieve the provision of proper pharmaceutical services where they are needed for the people who need them.

Mr Ogden suggested that PSNC might consider taking the opinion of members on whether the right to arbitration should be written in to their terms.

The concern of Mr John Farr was that pharmacists were finding it unprofitable to maintain expensive equipment such as oxygen sets; one of his constituents operating in the south of Leicestershire was now having to supply sets almost throughout the county. "The firm now has about 20 oxygen sets authorised for its possession because other pharmacists throughout the county are not finding it possible to finance their purchase and use under the existing financial arrangements."

Party political points

Mr Doug Hoyle referred to the wide agreement on both sides of the House and regretted that some of Dr Vaughan's remarks had been both partisan and party political points. "It does no good to suggest that this Government are not interested in the plight of small businesses. They are devoting a great deal of attention to them at the moment."

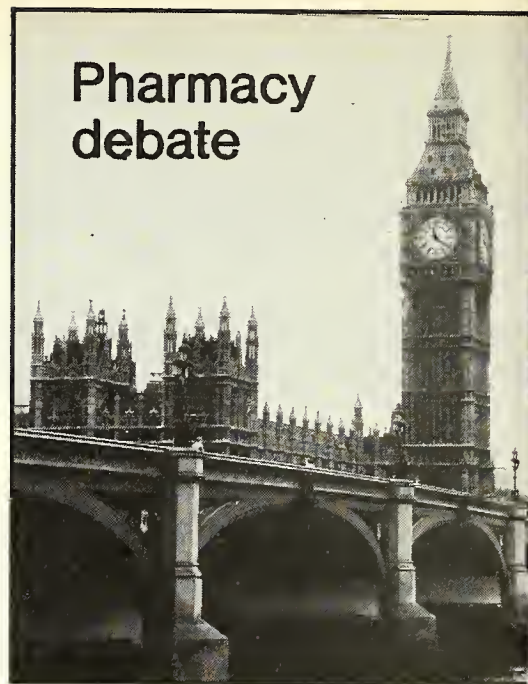
However, Mr Hoyle remained pessimistic about the closure rate, despite the Minister's attempt to help the small pharmacist by redistribution of remuneration. But the case was being made that, despite the help and an additional £5m because of the reassessment of stocktaking there was still a problem of £17m which went out, leaving £12m still missing. Retail pharmacists rightly claimed that should go back into the kitty. "They are facing a squeeze." Arbitration would be one way out of the difficulties and Mr Hoyle asked the Minister to look again at the question.

Noting that the debate was on "the problems of pharmacists," Mr Hoyle declared an interest in hospital pharmacists as president of ASTMS. "If we are to provide an efficient pharmaceutical service in our hospitals," he said, "we need additional funds pumped into that sector of the NHS."

Introducing a "partisan" point himself, Mr Hoyle said that pharmacists' problems should be considered against the background of the high prices of drugs, and the profits that are being made by the drug companies. "This is an area in which there is great scope to make savings, rather than at the expense of retail pharmacists or of holding back the development of hospital pharmaceutical services."

Mr Hugh Fraser sought to answer Labour criticism of the Conservatives talking about cutting Government expenditure, yet wanting to spend money on chemists. "Surely in an over-pressed

Pharmacy debate



NHS one of the best ways of taking the load off the doctors and the hospitals is through small chemists."

Mr George Park said his sole concern was that too many chemist shops were closing. "I submit that out of a possible arbitration there should emerge a clear-cut decision to the effect that remuneration received by chemists in fulfilling prescriptions should stand on its own and should not require any subsidy from the chemist. If the chemist concerned is not a very good business man and

"There is no monopoly of concern on one side of the House about this issue" *John Ovenden*

loses money on the other aspects of his chemist shop, that is his affair. Certainly the Government could not in that case be blamed for the closure of the shop."

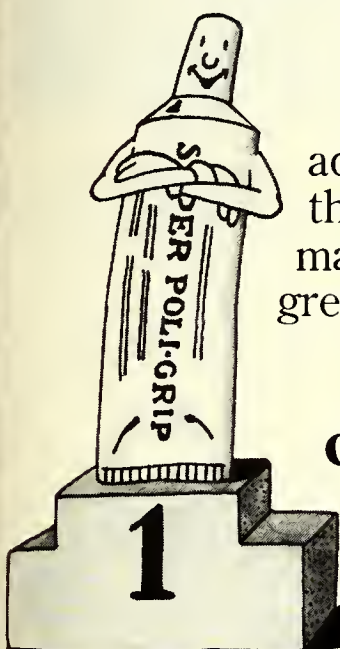
"Although I appreciate the view taken by the Department, if the position is as befuddled as it now is after two years of discussions, surely both sides should go to arbitration, state their respective views, and then let the arbitrator decide the way out. I hope that at the end of this process the fulfilling of prescriptions will not cost the chemist money, but will yield him a reasonable rate of return on his capital."

Mr Robin Hodgson agreed with Mr Park that all MPs were receiving far too many letters from constituents complaining about the declining state of pharmacy services. But he broadened the issue to cover the decline of city and town centres over which the Government front bench has wept "crocodile tears." The fabric of the centres was held together by a balanced variety of shops—greengrocers, hardware shops, pharmacists and many others. "If that tangled skein of services is broken and if certain of those shops close, the whole balance of the community is lost and the area begins an irreversible decline."

Mr Hodgson said that in his own small urban constituency three pharmacies had been lost; two covered new housing estates and one was in a high street, the former leaving people to

Continued on p74

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NHS must not rely on a hidden subsidy

travel considerable distances to have prescriptions filled. "It is not good enough for the Minister of State to say that the evidence of pharmacy closures is not clear, because it is perfectly clear."

Mr John Ovenden drew attention to the fact that his early-day motion on the need for a comprehensive pharmaceutical service had been signed by 269 Members from all parts of the House. "There is no monopoly of concern on one side of the House about this issue," he said. Agreeing that remuneration is not the sole reason for the closure of chemists shops, he nevertheless argued that the community has relied for its pharmaceutical services on the fact that they have been able to carry on profitable sidelines. "We can no longer rely upon those businesses to subsidise our pharmaceutical services. If we are to have the sort of service that we all desire, we shall have to make sure that the money is made available from public funds to allow that service to continue without the hidden subsidy that has existed in the past."

Mr Ovenden also stressed the disparity between services in different parts of the country—there were 1.3 pharmacies per 10,000 people in Oxfordshire, but 2.4 in East Sussex, while in an area of 400 square miles to the east and south of Rainham, in Kent, there was not a single pharmacy. "It is time we recognised that we need to reorganise our services to provide pharmacies in the new areas of growing population as well as in the rural areas, but that cannot be done under the present financial system and within a pharmaceutical service which is starved of funds."

Commenting on areas where pharmacies have closed and doctors have taken over the dispensing of medicines, Mr Ovenden said: "It fills a gap, but I wonder whether it is a desirable practice. Should we expect the same professional man to prescribe and dispense? Should we remove the very valuable check that exists upon doctors prescribing medicine?"

Mr Robert Boscawen suggested that the area of disagreement was really whether a private professional individual may get a fair reward for his own services, "or whether he will be quietly driven from the scene, as happens so often in other small retailing businesses, and replaced eventually by large, central health-centre pharmacies that will provide drugs direct from the NHS to the individual without going through the

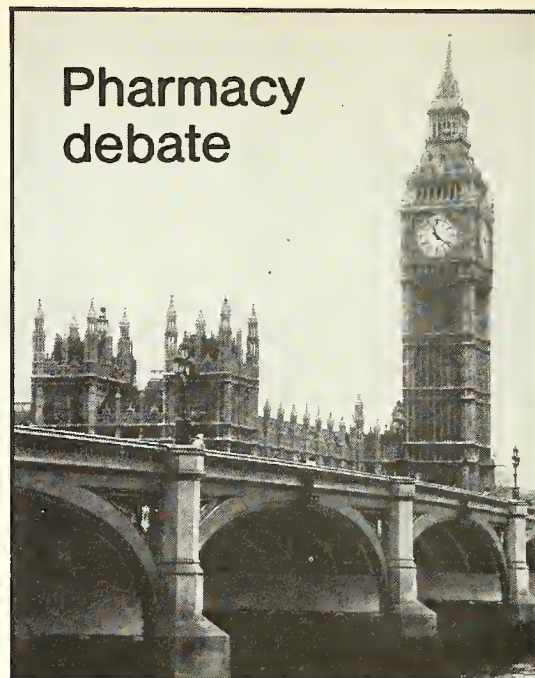
"I fear that the Government would not be sorry if all small pharmacists disappeared and the State took over the whole machinery"

Robert Boscawen

hands of the private sector." As smaller retail pharmacists become fewer would not the Government have in the end to step in? Mr Boscawen added that the public were suffering both from the fact that there are no young people coming into the retail profession and because there was an ageing population among the existing retail pharmacists.

Mrs Audrey Wise said the Government could not be blamed for the decline in the number of pharmacies, which had been going on for a considerable time,

Pharmacy debate



"but we are entitled to look to them to arrest the process and to improve the situation. Genuine concern is widespread . . . I think that when 70 community health councils express concern, the Government must bend an ear to it." But Mrs Wise, too, suggested that the Government might look at the profit being made by pharmaceutical manufacturers, "which seems excessive. Perhaps some balancing should be done to give a fairer rate of return to small businesses in the retail sector."

Summing up the debate for the Opposition, Mr Patrick Jenkin said pharmacists had been greatly provoked, but had shown great responsibility. "It really is now up to the Government to respond constructively to the demands that have come from all sides of the House."

Mr Roland Moyle, Minister of State, Department of Health, thanked the Opposition for setting aside a half-day to discuss the affairs of pharmacists. In the past year members on both sides of the House had expressed a greater interest in general practice pharmacy than perhaps at any time since the inception of the NHS. "This is excellent. It allows us to review the situation. But a great deal of what is said about pharmacy is misinformed or ill-informed," said Mr Moyle.

Pharmacists offered an authoritative source of advice on drugs and their use to both doctors and patients and must be regarded as an important part of the primary health care team. But no other profession was as widely distributed—"what profession could supply a walk-in service on a street corner in every tiny community?" The Government wished to stop the decline in the number of pharmacies, but market forces had been the prime factor in the creation of the existing distribution. "By and large it is an adequate, if not ideal, distribution which serves the needs of the majority of the population but however pharmacies are distributed, and no matter how near the nearest pharmacy is, there will always be some people, the less mobile and particularly the elderly, who will find it hard to get to a pharmacy."



Many pharmacies were still flourishing in the retail trade, said the Minister, but one of the major factors in the decline in the number of pharmacies had been the change in shopping habits, and NHS income now represented 60 per cent of the average pharmacy's turnover, compared with about 40 per cent a decade ago. "This means that we have a special responsibility as a Government to ensure that the NHS contract gives pharmacists a fair deal. It is clear that the flat-rate system of payment for NHS dispensing, which was operated at the wish of the profession from 1964 to the end of last year, made the smaller pharmacies increasingly vulnerable to the pressures that I have described. I confess that, looking back, I am sorry that the system of remuneration was not changed earlier."

However, Mr Moyle noted that of the 307 pharmacies which closed in 1977, only four were more than one mile from another pharmacy. Of the 169 which opened, six were more than one mile from their nearest neighbours. "That shows that there are trends which are to the advantage of the network."

Mr Moyle went on: "We have no plans for introducing powers of direction to compel a pharmacist to open up a business in a particular locality or to

"I say to the Minister, quite simply, get cracking. We all know what the problems are. If the Minister does not know, we can tell him"
Michael Shersby

take over the network of pharmacies. Our desire is to support the existing network, broadly speaking on the basis of the system as it has existed since 1948 and the inception of the Health Service. We have no intention of introducing any nationalisation or public ownership in this sphere."

Turning to the new differential on-cost, the Minister said that a chemist who dispenses up to 249 prescriptions will get a 26 per cent return, whereas one who dispensed 5,000 prescriptions or more would get a 9 per cent return. Some small pharmacists would receive increases in their remuneration of about £2,000 a year.

The Government paid a 16 per cent return on capital employed, which in the light of current interest rates was not ungenerous. "It means that for most of the time chemists have been able to go to the bank to borrow money at rates of less than 16 per cent and employ that money to get a return of 16 per cent. I admit that rapid inflation of a couple of years ago presented pharmacists, as it presented other businesses, and trades, with a cash flow problem, but apart from brief periods I think I have described the situation accurately."

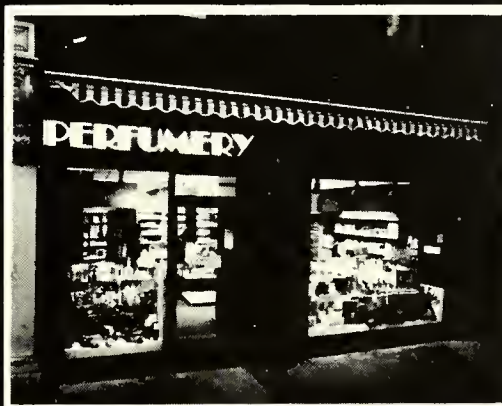
When Mr Jenkin intervened to ask about the forecast 21 per cent increase in drug costs this year, Mr Moyle replied that the 21 per cent increase in pharmacists' costs is caused not solely

by an increase in drug costs. "It arises from at least three different factors—the handling of a larger volume of prescriptions, the introduction of new drugs and, of course, the increase in the price of drugs. If the right hon. Gentleman bases his approach to the problem on that sort of misinformation, it is no wonder that he is misleading the House."

Finally Mr Moyle came to the question of arbitration. "We are certainly not opposed to arbitration. The Government have not ruled it out. We think that at some stage it may well be a useful piece of machinery to resolve the dispute." But, he went on, "we do not know what are the precise points of dispute with the pharmacists." It had been suggested that the matter should be put to arbitrators. "I have never known of a case where parties go to an arbitrator and ask him to tell them what they are arguing about." Also the full impact of the new remuneration scheme would not

be known for some time. "It may be that when we have seen how that scheme is operating we shall need to do more. It may be that at worst we shall then have a position of disagreement between the various parties to the dispute and that we can go to arbitration. But against a developing background we have put various points to the negotiating committee on which we have not had a reply, and it is very difficult to go to arbitration at this stage. If PSNC could reply on those points, "we are half-way to arbitration." And the Minister for Health concluded: "It will be generally agreed in the House that the sensible thing to do would be for the parties to a disagreement first to try to settle the matter themselves. An argument which is submitted to an arbitrator to settle is never settled as satisfactorily as the parties themselves can settle it. Those are the problems to be faced in going to arbitration."

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COMPANY NEWS

Sangers' reduced profits due to changing pattern

The changing pattern of pharmaceutical wholesaling is blamed for the low profits (£1.65 million compared to £2.4m in 1977) of Sangers Group Ltd. In his statement, the chairman, Mr H. T. Nicholson, says competition for business has become increasingly intense because of the shrinking market resulting from pharmacy closures and in particular the acquisition of independents by multiples, who tend to buy direct from manufacturers.

Mr Nicholson said a variety of trading terms were being offered to pharmacies by competitors, involving discounts or extended credit in excess of normal limits. In certain cases, he continued, discounts were being given overtly or indirectly on products subject to resale price maintenance. Sangers have always believed such trading practices acted against the long term interests of pharmacists but activities of competitors had forced the company to take appropriate action. In Northern Ireland, for example, a low cost distribution service had been introduced in addition to normal trade.

Mr Nicholson says reduced inflation had lowered stock profit and a change in sales pattern had led to lower margin business. The small increase in sales volume had been more than offset by reduced gross margins. He points out that several nonrecurrent items (£240,000) had been charged. They included pharmaceutical division reorganisation costs, in particular the closure of Liverpool branch; reorganisation in Northern Ireland; certain redundancies; and the establishment of an optics division.

For the future, Mr Nicholson says the long term aim of the company is to become a balanced health care group, less dependent on traditional pharmaceutical wholesaling. The board is confident the problems can be met although it could be time before actions had effects. The retail optical business was expanding quickly.

Group turnover increased to £98.78m in 1978 from £80.5m in 1977. Pretax profits dropped to £1.65m from £2.44m. The final recommended dividend is 4p making a total of 5.8p (1.8p interim) the same as the previous year.

Atra system raises Gillette's profits

Gillette Industries Ltd attribute much of their record sales for 1977 to the "exceptional response" to a self adjusting twin blade razor called Atra, which they describe as one of the most successful new product launches ever made by the Gillette company. Sales amounting to

\$1,587,209,000—represent an increase of 6 per cent on the previous year. Commenting on their annual report, chairman Colman N. Mockler Junior says: "The Atra automatic adjusting twin blade razor and cartridge, introduced in mid-year in the United States, met with outstanding consumer acceptance and surpassed initial expectations. Distribution of the Atra system will soon be extended to other markets."

It is said that the Atra system supplements the GII system and Mr Mockler continues: "Abroad, sales of Gillette GII continue to grow . . . consumers increasingly have recognised that twin blades provide a shave superior to that of any single blade system." C&D was unable to discover when the Atra system will be introduced into the UK.

Vichy expands warehousing

Sales of Vichy skin care preparations have increased so much recently that the company has been forced to move its distribution centre from Rugby to a new 18,000 sq ft warehouse on the Haslemere Heathrow Estate. The premises will be operational from July 14 at Vichy (UK) Ltd, Unit 15, Haslemere Heathrow Estate, The Parkway, Hounslow TW4 6NF. Orders should still be addressed to 1 Hay Hill, London W1X 7LF.

Dolobid agreement

Thomas Morson & Son, subsidiary of Merck Sharp & Dohme, and ISC Chemicals have signed a £12 million five-year agreement by which ISC Chemicals is to build a £1½m plant at Avonmouth to manufacture 2,4 difluoroaniline, the starting material in the manufacture of diflunisal, (Dolobid).

Briefly

Allergan Ltd have moved to Bourne House, Wharf Lane, Bourne End, Bucks SL8 5RU (tel Bourne End 27778).

Stafford-Miller Ltd announce that their address is now Stafford-Miller House, The Common, Hatfield, Herts AL10 0NZ (telephone Hatfield 61151).

APPOINTMENTS

Braun Electric (UK) Ltd: Mr Martin O'Neill has been appointed a shaver brand manager. He has been with Braun Germany researching trade and consumer market of electric shavers.

Jackel & Co. Ltd: Mr R. J. Murray has been appointed sales director. He previously held senior sales and marketing management positions with Carreras Rothmans.

Jeyes Ltd: Maurice ("Bob") Tanner has been appointed trade sector manager with particular responsibility for Co-operative Societies. Mr Tanner joined

Jeyes in 1968 and his previous posts have been as national house accounts manager.

Discount for Beauty Ltd: Mr Richard Jowett, MSc, has been appointed merchandise controller.

Landaw & Co Ltd: Mr I. Goldman has been appointed joint managing director. Mr J. H. Levey continues as chairman and joint managing director.

Sterling Drug Inc: Dr D. W. Wylie has been elected a corporate group vice-president. He joined the company in 1956 and earlier this year became chairman and president of Sterling-Europa.

Retail Audits Ltd: Mr Peter Eyles has been appointed marketing director of a new marketing department set up to review the company itself. Mr Chris Sweeting is marketing manager.

Savory & Moore: Mr Phillip Needham has been appointed purchasing manager and will be based at Brighton. He was formerly merchandise manager with Sangers Ltd.

Willows Francis Group: Mr R. A. Bradley has been appointed field sales manager of the OTC division. Mr A. G. Mowles has been appointed field sales manager of veterinary "ethical" and animal health division.

Ronson Products Ltd: Brian Dodgshon has been appointed national sales manager in a recent reorganisation of the sales management team. Reg Schild becomes field sales manager in the south and Jimmy Connor responsible for the northern team. Peter Jebens takes over national accounts, including house accounts and mail order.

Carnation Foods Co Ltd: Mr Peter Ward, previously brand manager for evaporated milk and Coffeemate, has been promoted to senior product manager with overall responsibility for the marketing of milk products and the development of new products for the human foods division. He will be assisted by Mr Hugh Griffiths.

Wilkinson Match Ltd: Mr Bob Bartlett, currently managing director for the UK, has been appointed managing director for Europe and will be responsible for the manufacture and marketing of the consumer products range, including razor blades, matches, garden tools and sunglasses. Mr Richard Armitage, deputy managing director of Wilkinson Products (UK), has been given special responsibility for developing the tools, housewares and scissor business in the UK.

Johnson & Johnson: Robert Mendus and Sidney Jones have been promoted from trainers to district managers in the south west and south Midlands respectively. P. J. Tye is joining the company in the capacity of district manager. Robert Lamb has also joined the company in the national accounts department. Chris Sebire and Richard Webb are promoted from sales persons to regional sales trainer and Jean Conway has been promoted to marketing assistant in the business development group.

WESTMINSTER REPORT

Drugs bill exceeds £500 million a year

The latest estimate of the annual cost of drugs prescribed was about £512m, said Mr Roland Moyle, Minister of Health in a written reply to Mr Mike Thomas, the MP who last week introduced a Bill to abolish some prescription charges. This figure excluded fees and pharmacists' allowances. The revenue from prescription charges in 1978-9 is estimated to be about £23m.

Mr Thomas also asked last week in

the Commons if the Secretary of State was contemplating steps to ensure that patients would be informed, in writing, of the nature of any trial for a drug with a product licence. Mr Moyle said that a product licence was not a basis for controlling communications between a doctor and patient.

A new-style BNF should be produced in 1980 said Mr Moyle, again in reply to a question by Mr Thomas. But, although the Health Departments were associated with the plans, the BNF was an independent publication, produced jointly by the Pharmaceutical Society and the British Medical Association and it was for them to make statements on such matters. Mr Moyle said that health ministers would continue to buy the BNF as an aid to NHS prescribing.

Arbitration if PSNC joins Whitley Council?

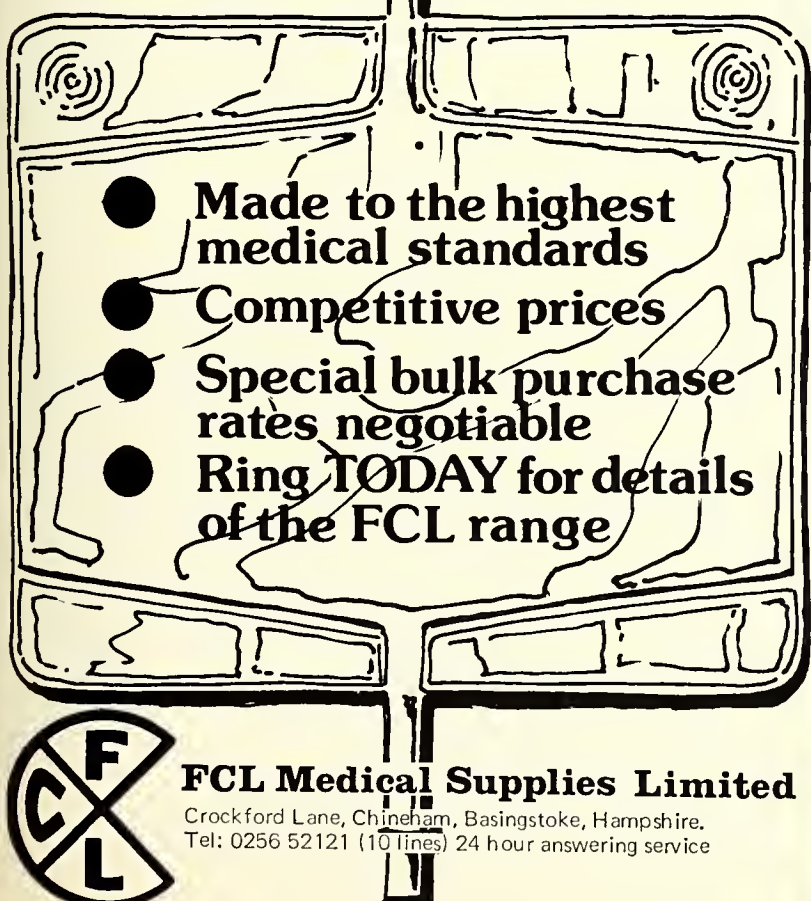
Sir Bernard Braine, MP, asked the Secretary for Social Services in a Parliamentary written question this week if he would consider arbitration if the Pharmaceutical Services Negotiating Committee rejoined the Whitley Council. The reply was: "If the PSNC were to seek to rejoin the Whitley Council it would clearly be necessary for the two sides to agree a new constitution. Negotiations on the scope and nature of the arbitration arrangements would no doubt take place during any such discussions."

□ A free booklet "Occupational schemes for contracted-in employees" is available as pension guidance for employers from Standard Life. Copies can be obtained from any Standard Life pension office or from pensions head office, Standard Life Assurance Co, 23 Annandale Street, Edinburgh.



Pictured left are Brian Dodgshon, Reg Schild and Jimmy Connor the new Ronson sales management team (see opposite)

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Sangers Group

Extracts from the Accounts and Statement
by Mr. H. T. Nicholson (Chairman)

	1978	1977
	£000	£000
Turnover	90,798	80,503
Profit before Tax	1,651	2,440
Profit after Tax	760	1,145
Dividends	522	522
Earnings per Share	8.60p	13.31p

- * Profits would have been substantially higher but for exceptional items — Dividend maintained.
- * Appropriate action taken to combat the marked change of trading pattern of pharmaceutical wholesaling.
- * Much potential in retail optical business will be reflected in current year's profits.
- * Long term aim to become balanced health care group.

Copies of the full Report and Accounts are available from the Secretary:—

THE SANGERS GROUP LIMITED
Cinema House 225 Oxford Street London W1R 1AE

Medicines presentation 'important as shop front'

The presentation of each dispensed medicine should be considered as an advertisement for the profession of pharmacy and there were 32 million such advertisements in Scotland in 1976, the Pharmaceutical Society Scottish Department was told recently. At the annual meeting, Mr R. Leach, district pharmaceutical officer, Dundee, said there were two fundamental problems about the presentation of dispensed medicines: How to emphasise the personal nature of the medicine and how to encourage people to read labels and use medicines responsibly. He believed the presentation was as important as a shop front.

At the meeting, Mr Leach presented a label from Sweden used on original packs. It included the patient's date of birth and doctor's name as positive patient identification. He thought if used in Scotland it could prevent patients passing on their dispensed medicines.

He also believed that the Scottish Executive should encourage the use of typewriters allowing each pharmacist to make the decision. He spoke of a survey that had been carried out aimed to ascertain pharmacists' views on the typewriting of labels. Typical replies showed that the space taken up by a typewriter was more of a consideration than its price. British Rail research had suggested that time could be saved in typing by attention to layout. For example, on a pharmacy label, putting the date on the same line as patient name could save seconds. In an experiment comparing handwritten against typewritten labels the time taken to prepare five of each was 145-245 seconds and 160-300 seconds respectively for one label design and 254-520 seconds and 385-900 for another. Mr Leach concluded that an experienced typist could save two hours per week in an average pharmacy by using a typewriter, although he thought an average typist would require about the same time as if hand-writing labels.

Forecast for acne products

The latest Frost & Sullivan report on acne therapy in the USA forecasts a market erosion for over-the-counter drugs, a changeover in formulations to those based on benzoyl peroxide, the increasing use of retinoic acid (Retin A) in therapeutic treatment, and a "great increase" in private physician involvement rather than the dermatologist.

Frost & Sullivan expect advertising expenditures to continue as the most important factor to influence consumer purchasing, and the retail price of acne products to rise as new products enter the market, increasing total sales from \$60 million to \$127 million by 1985 and,

if antibiotics are included, to \$157 million. The \$562 report is available from Frost & Sullivan Ltd, 104 Marylebone Lane, London W1M 5FU.

Changes in Scottish election papers

The Pharmaceutical Society Scottish Executive has agreed to changes in the nomination papers for its elections. It had been suggested that certain members had confused the nomination form with the voting paper and that the present system might encourage multiple nominations without prior consultation of nominees.

At last month's meeting in Edinburgh, the Executive agreed to the following amendments: Space for only one nominee's name per form; a proposer and seconder for each nomination; full names and addresses for nominees, proposers and seconders; no objection to one person nominating more than one candidate but additional proposal forms

LETTERS

When second supply becomes free gift

May I support "Xrayser" in his brace of grouses, at least as far as sharing his anger at being refused payment for professional work, and for not being informed that no payment was being made. I, too, in the past have discovered far too late that I was working for nothing, not only in regard to making two supplies of short-dated mixtures, but also in supplying proprietary preparations without being aware that I was being paid for cheaper equivalents that I did not know existed. I would also underline what "Xrayser" did not make clear, viz that when two supplies are made, it is not simply a case of not receiving a second fee; no payment is made for the ingredients either, so that the whole of the second supply becomes a free gift from the pharmacist.

When I took up this matter with the Chemists Contractors Committee (as it then was) several years ago, I was given information that I regarded as most valuable, namely that the Pricing Bureau will never query a supply that is less than the amount prescribed. And it is here that I disagree with your columnist. While sharing his dislike of the 5ml spoon in its present unsatisfactory form, and agreeing that there are many instances when a smaller quantity would make life easier for harassed parents, I am, nevertheless, delighted on many occasions to be able to reduce ridiculously-

would be required. Written acceptance by the candidate to the proposer was not considered necessary because it could discourage nominations. The office, in any case, had to write to the candidate for biographical notes and could obtain acceptance at the same time. The nomination paper would no longer list retiring members.

During the meeting it was reported that the Lothian Health Board was promoting a health education series related to the World Health Organisation "Year of the Child." The series, to take place in spring, would involve schemes for the prevention of accidental poisoning and include a campaign to clear unwanted medicines from homes.

European union for small business

A conference organised by the Small Business Bureau of the Conservative Party, held in London recently, agreed to form the European Medium and Small Business Union. EMSU will act as a liaison for groups representing the interests of entrepreneurs and professional people attached to the parties of the centre and moderate right. Aims are to achieve a climate of laws and taxation which encourages the entrepreneur, and self-employed.

high amounts to a reasonable 14 days' supply. In my pharmacy all liquid medicines are given an expiry date—28 days for undiluted preparations, 14 days for diluted preparations and those which are directed to be "freshly prepared," the manufacturer's recommended time for reconstituted antibiotic syrups, etc, down to 24 hours for the occasional mist aspirin. I then, logically, trim the quantity supplied so that it does not exceed the amount calculated to provide for the stated time. And, of course, I endorse the prescription accordingly.

Finally, I would most certainly not think of writing to the doctor with excuses for not following his instructions to supply daft quantities.

W. A. Beanland
Rossendale, Lancs

Information on OTC products

I read Mr Freeman's letter (*C&D*, June 17, p999) with interest, and I would like to thank him for pointing out the omission to me. At the time the literature search for the article was carried out, Optimine was a prescription only product and so could not be included.

However, there have been omissions to the list for various reasons. In order to avoid them in future, I would be grateful if you would allow me to use your columns to request all manufacturers of OTC products to send me copies of data sheets (or equivalent literature) for products marketed by them.

Dr A. Li Wan Po
University of Aston

MARKET NEWS

Chemical prices up

London, July 5: The prices of a number of pharmaceutical chemicals, mainly vitamins, were increased during the week. Ascorbic acid and its derivatives are up by varying amounts from 14p to 90p per kg according to quantity. Vitamins A, D and E, biotin, pyridoxine and carotene are among others which are also dearer the only exception to be marked down was cyanocobalamin. Formic acid is £11-£12 per metric ton dearer as from July 4. Since last published boric acid and borax are dearer. Whereas the borax increases are limited to a modest £3 per metric ton, all grades of boric acid show a rise of £53 per metric ton. Sodium carbonate anhydrous is also sharply higher.

Among essential and expressed oils olive oil is up by £30 metric ton. Other alterations were already accounted for by currency fluctuations. In the forward position Brazilian sassafras and patchouli were down while bois de rose and cassia were easier on the spot.

With the imminent appearance of new crop cloves the buds were slightly easier for shipment. Ginger supplies remain scarce with only the Cochin being offered. A parcel of Jamaican No 3 is reported to have changed hands at the remarkably high figure of £4,150 ton. In botanicals Peru balsam is easier and tolu dearer. Benzoin is again on offer for shipment after an absence of several weeks.

Pharmaceutical chemicals

Biotin: Crystals £7.13 per g; £5.13 in 100-g lots.
Bismuth salts: £ per kg.

carbonate	50-kg	250-kg
salicylate	10.46	10.41
subgallate	8.70	—
subnitrate	9.24	—
	9.47	9.40

Borax: EP grades, 2-4 ton lots per metric ton in paper bags, delivered—granular £225; powder £245; extra fine powder £261.

Boric acid: EP grades per metric ton in 2-4 ton lots—granular £351; crystals £451; powder £375.

Calcium lactate: 100-kg lots £1.35 kg.

Calcium pantothenate: £7.70 kg in 25-kg lots.

Chloroform: BP £443 to £470 per metric ton according to drum size; in 2-litre bottle £2.48 each; 500-ml bottle £1.00 each.

Clioquinol: NF XIV 500-kg lots £12.78.

Cyanocobalamin: (Per g) £3.88 in 10g lots. £1.88 in 100g lots.

Dexpantenol: (Per kg) £12.28; 5-kg £11.03.

Dextromethorphan: £164.85 kg, £162.85 kg in 5-kg.

Ferric ammonium citrate: BP £1.45 kg in 250-kg.

Ferric citrate: £2.75 kg in 250-kg lots.

Ferrous carbonate: BPC 1959 saccharated £1.50 kg (50-kg lots).

Ferrous fumarate: BP £1.75 kg in 50-kg lots.

Ferrous gluconate: £2.060 per metric ton.

Ferrous succinate: BP £4.50 kg (50-kg lots).

Ferrous sulphate: BP/EP small crystals £500 metric ton; dried £500 metric ton.

Folic acid: (kg) £42.37 5-kg £41.12; 25-kg £40.37.

Formic acid: per metric ton delivered in 4-ton lots, 98 per cent £307.50; 85 per cent £258.

Homatropine: Hydrobromide £90.20 kg; methylbromide £102—both in ½-kg lots.

Hydroquinone: 50-kg lots £2.67 kg.

Hyoscine: Hydrobromide £482.10 kg.

Hyoscyamine: Sulphate, 100-kg lots £160.60 kg.

Hypophosphites: £ per kg.

Calcium	12½-kg	50-kg
Iron	4.20	3.94
Magnesium	7.19	6.92
Manganese	6.63	6.02
Potassium	8.34	7.69
Sodium	5.76	5.46
	4.75	4.22

Metol: Photo grade per kg, 50-kg lots £6.37.
Phenylephrine hydrochloride: From £80 kg according to quantity.

Pholcodine: 1-kg £538 to £543 as to make; 60-kg lots £493. Subject to Misuse of Drugs Regulations.

Phthalylsulphathiazole: 50 kg lots £3.56 kg.

Physostigmine: Salicylate £1 per g; sulphate £1.28 in 100-g lots.

Pilocarpine: Hydrochloride £328 per kg; nitrate £308.

Pyridoxine: (Per kg) £27.70 kg, £28.45 in 5-kg lots; £25.70 (20-kg).

Riboflavin: (Per kg) £33.42; 5-kg lots £32.17; 10-kg £31.42; diphosphate sodium £80.56, 5-kg £78.56.

Saccharin: BP in 250-kg lots £4.93 kg; Sodium £4.25.

Sorbitol: Powder £500 metric ton; syrup £250.

Stilboestrol: BP in 25-kg lots, £115.50 kg.

Tartaric acid: £770 per metric ton.

Thiamine hydrochloride: Per kg £19.05; 5-kg £17.80; 25-kg £17.05; mononitrate as for hydrochloride.

Tocopherol: DL alpha £19.31 kg; 5-kg £17.13 kg.

Vitamin A: (Per kg) acetate powder 500,000 iu/g, £17.70; £15.70 in 5-kg lots. Palmitate, oil 1 mlu £17.99; £15.99; water-miscible type 100 £6.27 litre;

£4.27 litre in 6 litres.

Vitamin D2: Type 850, £52.42 kg.

Yohimbine hydrochloride: £285 per kg.

Zinc acetate: Pure £1.09 kg in 50-kg lots.

Zinc chloride: Granular 96/98 per cent £420 metric ton, delivered.

Crude drugs

Balsams: (kg) **Canada** unchanged at £11.30 spot; £11.20, cif. **Copaiba:** £2.35 spot; no cif. **Peru:** £6.10 spot; £6.05, cif. **Tolu:** £5.30 spot.

Benzoin: Block £155 cwt spot; £155, cif.

Chillies: New Guinea birdseye £2,350 metric ton spot.

Cinnamon: Seychelles bark £475 metric ton spot; £400 cif. Ceylon quills 4 o's £0.75 lb; featherings £315 metric ton, cif.

Cloves: Madagascar-Zanzibar £4,400 metric ton, spot; £4,200, cif.

Ginger: Cochin new crop £1,090 metric ton, spot; £1,040, cif. Other sources not offering.

Kola nuts: £800 metric ton, cif, for affloat parcel.

Pepper: (metric ton) Sarawak black £1,185 spot; £1,090, cif; white £1,815 spot; £1,695, cif.

Essential and expressed oils

Bois de rose: Spot £6.70 pg; shipment £6.25, cif.

Camphor white: £0.90 kg spot; £0.87, cif.

Cassia: Spot now quoted at £36.50 kg; shipment £34, cif, English distilled from bark £160.

Citronella: Ceylon £1.45 kg spot; £1.38, cif (1-ton lots). Chinese £2.20 spot; £2.06, cif.

Lemongrass: Cochin £5.50 kg spot; £4.80, cif.

Olive: Spanish £1,295 per metric ton in 200-kg drums ex-wharf; Mediterranean origin £1,285; Tunisian not offering.

Orange: Florida £0.60 kg; Brazilian £0.48.

Palmarosa: No spot offers; £12.50 kg, cif.

Patchouli: Indonesian £10.40 kg, cif.

Pennyroyal: From £13 per kg spot.

Pepper: English-distilled ex-black £125 kg.

Rosemary: £5.60 kg spot.

Sassafras: Brazilian £1.90 kg spot; £1.84, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Tuesday, July 11

Galen group, Croydon district, Friends' Meeting House, Park Lane, Croydon, at 8 pm. Mabel Crowther on "Famous women in the theatre".

Thursday, July 13

Bournemouth & East Dorset Branch, National Pharmaceutical Association, Postgraduate centre, Poole Hospital, at 7.30 pm. Annual meeting.

Friday, July 14

Blackpool Branch, Pharmaceutical Society, Postgraduate centre, Victoria Hospital, at 7.45 pm. Mr H. Littler, Pharmaceutical Society inspector, on "The new Regulations".

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Headings All advertisements appear under appropriate headings.

Copy date 12 noon Tuesday prior to publication date.

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PENNYWISE	1053849	5	Sanitary towels
LIBRESSE 28	1015941	5	Analgesic preparations

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